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ABSTRACT

To help state policy makers and program developers, researchers gathered information on government policies regarding adolescent pregnancy and parenthood. Data were compiled through a questionnaire survey of health, education, and social service agencies in the federal government and all 50 states. The report describes federal programs relevant to pregnant adolescents and adolescent parents, including food supplements, mother and child health services, family planning, and Medicaid. A sixty-page table summarizes all the states' policies and programs concerning adolescent pregnancy or parenthood in seven areas, comprising the policies' legal frameworks; interagency cooperation within states; funding sources; state-level committees currently considering these problems; education on sex, pregnancy, and parenthood; and the issue of minors' consent for family planning services. The report also gives a state-by-state narrative description of relevant policies and programs, before concluding with recommendations for model policies on adolescent pregnancy and parenthood. Among the researchers' findings are that there is increasing recognition of adolescent pregnancy and parenthood as a problem, but that most states lack adequate data, funds, and interagency coordination to handle it. Appended are a copy of the survey questionnaire and a list of key contact persons the survey used. (Author/RW)

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OVERVIEW OF STATE POLICIES RELATED TO ADOLESCENT PARENTHOOD

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A Report of the Adolescent Parenthood Project

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INTRODUCTION

The Overview is divided into four sections, including an explanation of its development, charts, state analyses, and proposed policies. Each section is described below in more detail.

The Development of the Overview provides an explanation of how the policy information was collected and synthesized and how the state analyses were done. The conclusions of the study and recommendations for future efforts are included.

The Charts section provides an overview of critical state information in the following areas:

- Policy Framework--lists statutes, attorney general opinions, and agency policies, rules and regulations, resolutions, action statements/position papers, and program plans.

- Collaboration with Other State Agencies--lists state agencies which collaborate on pregnant adolescent/adolescent parent issues and describes the nature of collaborative activities.

- Funding--lists federal and/or state sources of funds for services for pregnant adolescents/adolescent parents; and indicates whether or not there is categorical funding for adolescent pregnancy/parenthood programs, the amount of funding, and the name of the responsible administrative agency.

- State-level Involvement in Pregnant Adolescent/Adolescent Parent Issues--lists health and social service agency staff positions, if they exist, which deal with pregnant adolescents/adolescent parent issues; lists state-level advisory committees, if any, and their activities, chairperson and founder; and indicates consumer input, if any, in state-level policymaking concerning these issues.

- Education of Pregnant Adolescents/Adolescent Parents--indicates whether or not there are compulsory school attendance requirements; types of settings for pregnant/parent adolescent educational programs; SEA preferred educational settings, if any; and data regarding reasons (marriage/pregnancy) for dropping out of school, if available.

- Sex Education--indicates whether sex education is mandated, discretionary or prohibited; any related statute, policy or regulation in place; names of courses in which sex education is taught (if specified by the state); restrictions, if any, on local control of sex education policies; whether or not there is a requirement for special professional preparation; and grade levels at which sex education is offered.

- Minor's Consent for Family Planning Information/Services--indicates whether or not there is a statute, regulation or policy in place; whether or not parental notification/consent is required; and what restrictions there are, if any, regarding a minor's ability to consent to sex-related health services.

The State Analyses section contains a narrative of the information received from each agency (legislative council, health, social services and education agencies) in a particular state, organized into broad topics. This section combines the information received from each of the state agencies on key topics such as statutes/policies, collaboration, staffing, state-level activities, and funding. Under "Policy Framework" statutes and attorney generals opinions are reported first since they may be the basis for agency policies, rules or regulations. Then policy information is reported for health and social service agencies, followed by the education agency. Under "Staffing" health and social service agency positions which include responsibility for adolescent parenthood program development are listed; education positions are not reported because this item was omitted from the questionnaire to the education agency. Under "Highlights," positive features which facilitate the delivery of services to pregnant adolescents/adolescent parents in that state are cited.

The final section, Proposed Policies, provides suggestions for state policymakers and program developers on policies which could facilitate the delivery of services to pregnant adolescents and adolescent parents. The proposed policies are organized by agency (health, education and social services) and they specifically address the gaps in services to pregnant adolescents/adolescent parents noted in the "Development of the Overview." Areas such as data collection, adolescent involvement in the policymaking process, agency collaboration and staff assignment to this issue are included in the policies.

Because the policy information was collected in January-April, 1979, and verified in June-July, 1979, the information reported is current as of July, 1979. In cases where more recent policies have been provided, the update time is indicated.

The reader may use the Overview as a reference to compare policies related to pregnant adolescents/adolescent parents in various states. The policy framework charts indicate which agencies in a state have policies relating to pregnant adolescents/adolescent parents, and site the reference number when possible. To further explain how to use the Overview, consider this example for the topic of sex education. To compare the sex education policies of the various states, look at the sex education chart to identify similarities and differences in general topic areas such as whether or not sex education is required, name(s) of courses which include sex education, etc. If more specific information on a sex education policy in a particular state is desired, turn to the State Analysis section of the report to review the narrative summary of the provisions of the policy. If specific language of the policy is required, obtain its code number and title and contact the state agency directly to obtain a copy. For ideas on a "model" sex education policy, review the Proposed Policies section, specifically the education agency subsection.

There are many ways to use the Overview--to become more familiar with efforts on behalf of pregnant adolescents/adolescent parents in a particular state, to compare a state's efforts with those of other states, or to obtain ideas for continued and/or expanded efforts. Whatever the use, it is hoped that this Overview will be a valuable reference for policymakers and program developers as they seek to meet the needs of pregnant adolescents/adolescent parents.

DEVELOPMENT OF THE POLICY OVERVIEW

Policies which affect services to pregnant adolescents and adolescent parents are the subject of this Overview. This volume provides information on state policies and program efforts within health, education and social service agencies[1] as well as legal requirements reported by the legislative policy/research committees. This information adds a new dimension to the current knowledge base regarding pregnant adolescents and adolescent parents. It also provides an opportunity for state policymakers and program developers to compare their state with other states and is intended to suggest direction for future efforts.

An explanation of the policy collection and synthesis efforts is included here to provide a background for understanding the findings. The major activities in the study were questionnaire development, field testing and refinement, questionnaire dissemination, synthesis of the state policy information, verification, analysis, and preparation of a summary report. This process is described in detail below.

Questionnaire Development and Refinement

A draft of the state policy questionnaire was developed focusing on information relevant to each agency. All agencies were asked to respond to several questions. Among the principal categories of interest were the following:

1. Whether or not the agency(ies) had developed or adopted policies, rules and regulations, resolutions, action statements, position papers or program plans related to adolescent pregnancy or parenthood;
2. Whether or not the agency(ies) formally collaborate with other state agencies on adolescent pregnancy or parenthood issues;
3. Whether or not pregnant adolescents, adolescent parents or their parents are involved in the state-level policymaking process; and
4. Whether or not a funding mechanism exists for the support of services to pregnant adolescents and adolescent parents.

In addition, specific questions were developed relevant to each agency about policies and practices which would impact the actual delivery of services to pregnant adolescents or adolescent parents. Questions to health and social service agencies were incorporated into one response form since states frequently include both agencies under one administrative body and because responsibility for funding and services often overlaps. Questions to health and social service agencies emphasized information about regulations and guidelines regarding the provision of services to this population, services provided, funding sources, funding amounts and data about the clients served. Questions to education agencies addressed issues including compulsory school attendance, sites where services were provided, and sex education curricula. Questions to the legislative policy/research committees sought policy information about the basis for emancipation, minor's right to consent to health services with or without parental involvement, and categorical state funding.

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[1] "Agency" has been used throughout this study as a generic term to refer to the most inclusive health, education, social service and legislative administrative units in each state. They may be called "Departments," "Divisions," "Offices," "Agencies," etc. within the states; they all are called "agencies" in this report.

Because pregnant adolescents/adolescent parents need a comprehensive array of services, attention was also directed to the nature and extent of formal collaborative efforts among agencies inasmuch as these efforts indicate specific agency endorsement and involvement. Informal collaboration is also an important indicator of the initiatives underway but not as likely to be reported by the agency. In some cases, agencies provided information about informal activities.

Following the drafting of the questionnaire, representatives from government as well as health, education and social service agencies and organizations were invited to meetings to critique the questionnaire and make recommendations for revision and dissemination. After these meetings the questionnaire was refined and pilot tested in Colorado, Maryland, and Oklahoma. In addition to completing the questionnaire, respondents in these states commented on the questionnaire itself and made recommendations for refinement. Final revisions were made according to feedback from the pilot test states. The final version of the questionnaire is presented in Appendix A.

Dissemination of Questionnaire

Questionnaires were distributed to agency directors for their review and subsequent routing to staff who completed the form. One copy of the questionnaire was sent to the legislative policy/research committee while five copies of the questionnaire were sent to each health, education and social service director since these agencies had many potential respondents. This procedure allowed the director to select appropriate staff to complete the questionnaire and gave the director an opportunity for oversight. To assist the directors in identifying respondents who might be able to provide the requested information, a list of positions which might include responsibility for the provision of services to adolescents was supplied.

The following positions were suggested to the director of the health agency:

- WIC Coordinator[2]
- MCH Director
- Family Planning Director
- Title XIX Director
- Legal Counsel
- Other (to be specified)

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[2] See the List of Abbreviations for acronym explanations

These positions were suggested to the director of the education agency:

- Director of Health Education
- Director of Home Economics Education
- Director of Family Life Education
- Director of Parenthood Education
- Director of Vocational Education
- Director of Special Education
- Director of Adult Education
- Legal Counsel
- Other (to be specified)

These positions were suggested to the director of the social service agency:

- Title XX Administrator
- AFDC Director
- Foster Care Director
- Child Support Director
- Legal Counsel
- Other (to be specified)

Each director was asked to identify the staff person(s) who had been designated to complete the questionnaire, the "designees." The director was given the option of having all designees return the questionnaires to the director's office or having the questionnaires returned directly to NASBE. The directors were also informed that they would have an opportunity to verify the information once it had been synthesized.

Survey Response

The return of the questionnaire was facilitated by the development of two networks--state and regional level contact persons (Appendix B). The state contact network consisted of one person in each state and the District of Columbia who was known in that jurisdiction for his/her concern for and work on behalf of pregnant adolescents and adolescent parents. These people agreed to call each designee in their state to answer any questions the designees might have about the questionnaire and to encourage them to respond. The regional contact network consisted of one person in each DHEW region who agreed to contact each designee who had not responded by the deadline to urge their participation in the survey. A response was received from at least one respondent (and usually several) in all but 17 agencies (See Table 1).

Verification

The information from the questionnaire was revised, synthesized and returned to the agency director for verification. In cases where the information provided was unclear or incomplete, further information was requested. Upon receipt of verification responses, the new information was incorporated into the state agency summary and the entire response was

Table 1: Agency Response to Questionnaire

Agency	Total Number Contacted	Number Responding	Return Rate
Health	51	51	100%
Education	51	51	100%
Social Services	51	46	90%
Legislature	50	38	76%

reviewed for completeness. When necessary, phone calls were made to agencies to request additional information, documentation or clarification. Since this process was costly and required considerable staff time, only those agencies verifying the information received this intensive follow-up. Thus, there is a more complete picture of the policy and program efforts for those agencies that verified their responses. Table 2 indicates which agencies verified their responses. Unless otherwise noted, the unverified responses were current as of spring, 1979 and verified responses were current as of summer, 1979.

Special Data Collection

Most agencies were unable to provide data on the number of adolescents in their state, the number of adolescents served, the number of adolescents who gave birth and other similar data. Since this information was not easily accessible from the states, other sources were sought. The Bureau of Vital Statistics provided data which showed the number of births in each state by age group. Their statistics were used to provide information on the number of adolescents giving birth in 1977 in every state. These data are presented in Table 3. Other information was not readily accessible from a federal agency, so it appears only when provided by the state agency.

Role of State Agencies

It is particularly important to note that the roles of the state health, education and social service agencies differ, and that the roles of each agency vary across states. Some agencies have local counterparts (e.g. county, community, municipality) which are charged with providing services directly to clients and the state agency has oversight responsibility for these local service providers. All state education agencies fall within this category as well as some state health and social service agencies. However, many state health and social service agencies do not provide direct

Table 2 - Agencies Who Verified Their Responses

	Health	Social Services	Education	Legislative Council
Alabama	r	r	v	r
Alaska	r	v	v	v
Arizona	v	v	v	v
Arkansas	v	r	v	r
California	v	v	v	v
Colorado	v	r	v	r
Connecticut	v	r	v	v
Delaware	v	r	v	
Florida	v	v	v	r
Georgia	v	v	v	
Hawaii	r		v	v
Idaho	r	v	v	r
Illinois	v	r	v	
Indiana	v	v	r	v
Iowa	v	v	r	v
Kansas	r	r	v	r
Kentucky	v	v	v	v
Louisiana	v		v	v
Maine	v		v	
Maryland	v		v	v
Massachusetts	r	r	v	v
Michigan	v	v	v	
Minnesota	r	v	v	r
Mississippi	r	r	v	
Missouri	v	r	v	v
Montana	v	r	r	
Nebraska	v	v	v	r
Nevada	r	v	v	v
New Hampshire	v	r	v	r
New Jersey	v	v	r	r
New Mexico	r	r	v	
New York	v	v	v	
North Carolina	v	v	r	v
North Dakota	v	v	v	v
Ohio	v	v	v	
Oklahoma	r	v	v	v
Oregon	r	v	v	r
Pennsylvania	v	v	v	v
Rhode Island	v	r	v	v
South Carolina	r	v	v	v
South Dakota	r	v	v	v
Tennessee	v	v	v	r
Texas	v	v	r	v
Utah	r	r	v	v
Vermont	v		v	
Virginia	r	v	v	
Washington	r	r	v	v
West Virginia	v	r	v	v
Wisconsin	v	v	r	v
Wyoming	v	r	r	r
D.C.		v	v	---

Legend
v = verified response
r = responded but did not verify
blank = did not respond to questionnaire

Table 3 - Births to Teens -- By State -- 1977[3]

States	Under 15	15 - 19	All Ages	Percent Born to Teens
Alabama	405	13,963	61,970	23
Alaska	18	1,117	8,370	14
Arizona	100	7,114	41,848	17
Arkansas	263	8,440	35,737	24
California	861	52,856	347,817	15
Colorado	62	6,324	43,075	15
Connecticut	104	4,293	36,658	12
Delaware	60	1,557	8,630	19
D.C.	96	2,202	10,044	23
Florida	740	22,234	110,922	21
Georgia	574	18,184	84,566	22
Hawaii	20	2,122	16,917	13
Idaho	32	2,706	18,875	15
Illinois	603	29,362	177,393	17
Indiana	275	16,051	85,198	19
Iowa	63	6,241	44,945	14
Kansas	66	6,145	36,944	17
Kentucky	243	12,765	58,655	22
Louisiana	431	16,537	75,017	23
Maine	34	2,657	16,147	17
Maryland	229	9,105	55,832	17
Massachusetts	86	7,755	67,973	12
Michigan	428	22,628	138,473	17
Minnesota	59	7,048	60,251	12
Mississippi	440	11,390	45,485	26
Missouri	247	13,162	73,171	18
Montana	21	1,988	13,315	15
Nebraska	35	3,250	25,209	13
Nevada	29	1,722	10,191	17
New Hampshire	7	1,490	12,096	12
New Jersey	268	11,948	94,112	13
New Mexico	54	4,438	23,066	19
New York	585	30,214	240,258	13
North Carolina	432	17,786	84,598	22
North Dakota	9	1,514	11,421	13
Ohio	455	27,446	161,708	17
Oklahoma	147	9,594	45,457	21
Oregon	69	5,318	37,519	14
Pennsylvania	395	23,492	153,709	16
Rhode Island	17	1,606	11,624	14
South Carolina	312	10,629	49,916	22
South Dakota	22	1,798	12,039	15
Tennessee	380	14,197	66,773	22
Texas	1,061	44,614	229,194	20
Utah	40	4,285	37,880	11
Vermont	8	935	7,024	13
Virginia	285	12,535	74,294	17
Washington	94	7,586	57,237	13
West Virginia	81	6,419	30,111	22
Wisconsin	103	9,022	68,607	13
Wyoming	7	1,370	8,291	17

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[3] From Bureau of Vital Statistics Data

services through their local counterparts. Instead, these agencies are responsible for activities such as policy and standards development, research, technical assistance and training. It is important to keep these differences in roles in mind when reviewing the activities in a state.

Conclusions and Recommendations

After reviewing the policy information, some patterns emerge in the policy framework affecting pregnant adolescents and adolescent parents. Several of the developments which have fostered the delivery of services to pregnant adolescents and adolescent parents are described below.

First, in recent years there has been an attempt in many states to address the special service needs of this population. Frequently such efforts have been on an informal basis, dependent upon the interest of a few individuals. These initial steps have been, in part, the result of outside efforts sponsored by federal government agencies, largely the Department of Health, Education and Welfare, which sponsored a series of awareness conferences in the 70s.

In 1971, DHEW addressed this issue as a result of an action memorandum developed at the request of Secretary Elliot Richardson. The action memorandum placed heavy emphasis on state-level conferences which would provide an opportunity for representatives of health, education and social service agencies to become aware of adolescent pregnancy issues in their states. It appears that some of the more recent steps taken in terms of policy development in this area can be traced back to state conferences begun in 1971.

Several states now have formally recognized this issue and several more states are studying it and making recommendations. The move toward state legislation has raised the priority of this population and the legislative initiatives are beginning to result in partial support for some of the services which are critically needed. In addition, those states that have passed state-level appropriations for services to this population appear to be accessing the broad range of federal monies available for supportive services more effectively.

Second, policy efforts demonstrate an interagency awareness of the special needs of this population. In some states, policy developments have occurred as a result of discussions involving all the principal agencies serving pregnant adolescents and adolescent parents. However, in other states, policy development has been restricted to only one or two agencies. The NASBE study notes that interagency discussions have at least occurred in many states and appear to be a forerunner to both the development of policies for this population and steps toward interagency collaboration.

Third, the executive, legislative and judicial branches of the federal government have been involved and each has had an impact on the service delivery needs of this population. Several years ago an effort to establish categorical legislation concerned solely with the needs of this population began. The National School Age Mother and Child Health Act was introduced in Congress in 1975 but did not get out of committee. In 1978, the Health Services and Centers Amendments (Titles VI, VII and VIII) authorized the creation of a grants program which is being administered by the Office of Adolescent Pregnancy Programs. This office has been established in the Department of Health and Human Services to award grants and provide technical assistance to service providers. Its creation is a sign of the recognition at the federal level of the special needs of this population. There have been several Supreme Court decisions which have affirmed that women have a right to seek abortions and that they may do so without the consent of another person. This and other legal decisions have had an impact on service delivery to teens. However, many states have statutes contrary to the Supreme Court rulings and in these states services may be less accessible to adolescents who seek family planning and abortion services.

Fourth, most of the funding for services to pregnant adolescents and adolescent parents comes from federal sources, directed at more general segments of the population, e.g., Family Planning; Women, Infants and Children (WIC); Maternal and Child Health (MCH); and, Aid to Families with Dependent Children (AFDC) programs. This strategy helps insure that adolescent needs will be addressed nationwide although the nature of that assistance varies among states.

Many education agencies use state and local funds to provide regular academic services to these adolescents, although special education funds may be accessed for special services, i.e., homebound instruction. In general, money for special services to pregnant adolescents and adolescent parents appears to come from the federal rather than the state level.

Fifth, in several states the designation of a particular position, even part-time, with responsibility for handling adolescent pregnancy and parenthood issues has been an important step forward. Efforts of some of these staff persons have been directed toward communication between agencies in an effort to coordinate services. This focus has enhanced state and local efforts on behalf of pregnant adolescents and adolescent parents in many areas.

While notable progress has been made in the policy arena, deficiencies which limit the effectiveness of comprehensive services delivery still exist. The review of state policies has helped to identify gaps in the delivery of information and services to pregnant adolescents.

There is, for example, a lack of systematic data collection on this population. Rarely were agencies able to specify the number of pregnant adolescents/adolescent parents they served or the number who requested services. This information gap on adolescents in need of services and on adolescents who receive services makes it difficult for policymakers to identify policy and service needs. When this information is not available it is difficult for advocates to document the needs of this population. Thus, the lack of special policies and programs to meet the needs of pregnant adolescents and adolescent parents may be, in part, a reflection of the lack of data on this population. To the extent that this gap can be filled, policies and the delivery of services to this group may be enhanced.

Categorical funding for this population is rare. Pregnant adolescents are often part of a much larger group (e.g. pregnant women, welfare recipients, family planning clients) and their special needs are not addressed. In some cases a particular federal agency has recognized the special needs of adolescents and has earmarked funds for the development of special programs for them, e.g. family planning, intensive care for high risk prenatal patients. Unfortunately, most adolescents must adjust to a program which may not adequately address their special needs.

Perhaps state agencies have not developed policies in this area because the target population has been subsumed in other programs which already have policies in place. The relevance and appropriateness of those policies vary from state to state. The difficulties which agencies face when asked to provide specific information about pregnant adolescents and adolescent parents reflect the emphasis of these federal programs on groups that are not age specific.

A review of state policy information indicated a lack of formal and informal interagency coordination on this issue. The isolation that exists in many states means that services are being duplicated or, even worse, not provided at all. Related to this problem is the lack of a staff person in each agency who is designated to deal with adolescent parenthood program development. Instead, many people may have general responsibility in this area. However, an issue that is everyone's responsibility is, in fact, no one's responsibility. Clearly, communication gaps across agencies reflect, at least in part, the lack of staff assigned specific responsibility for this population. Even when state agencies have designated a staff person with responsibility for this issue, most of these personnel spend only a small portion of their time in this area. Further impeding efforts in this area is that staff responsible for this issue area are generally far removed from the policymaking levels of the agencies, diminishing the potential for changes in agency policies. Minimal time and authority makes it difficult for staff to adequately address the needs of this population.

However, key individuals have had a significant influence on the policy development process. In those states where policies have been developed which speak directly to the needs of pregnant adolescents and adolescent parents, this study found that leadership had been assumed by key person(s), e.g. a governor, legislator or agency director. Their efforts have led to significant recognition and services for this population. What is unclear at this point in the policy development process is the impact of personnel changes in those states where key individuals have played such a prominent role in the promotion and development of policy. When these key individuals leave, do state agency efforts continue? For how long?

Finally, pregnant adolescents/adolescent parents and their families are generally not involved in the policy development process. Whenever a group receiving services is omitted from the policy development process, there is increased risk that the services provided will be less effective in meeting the needs of the clients. Since these policies and services have a profound effect on adolescents, they should be represented in the policy development process.

To provide direction to state agencies on how they might facilitate the delivery of services to pregnant adolescents and adolescent parents, proposed policies have been developed. They are presented in the fourth section of the Overview. These policies specifically address the identified gaps previously noted by proposing policies on such issues as data collection, agency collaboration, staff assignment and adolescent involvement in the policymaking process.

We hope this information is helpful to you in your efforts. We welcome your comments and information about your activities on behalf of pregnant adolescents/adolescent parents.

FEDERAL PROGRAMS

Special Supplemental Food for Women, Infants and Children (WIC)

The Department of Agriculture provides funds to state health departments, or their equivalent, to provide food supplements to women who are pregnant, post-partum up to six months or breast-feeding up to 12 months and to children up to age 5 who are determined by competent professional physicians, nutritionists, nurses and other health officials to be at nutritional risk because of inadequate nutrition and inadequate income.

Funds are made available to participating state health departments or comparable state agencies; to Indian tribes, bands or groups recognized by the Department of Interior or their authorized representative or to the Indian Health Service of the Department of Health and Human Services. These agencies distribute funds to the participating local agencies. These funds are used to provide specified supplemental foods to WIC participants and to pay specified administrative costs, including those for nutrition education.

Programs operate in every state; despite spotty coverage, over 1.1 million people are served monthly with products such as milk, iron-fortified infant formula, iron-fortified infant cereals, fruit juices, eggs and cheese. Between October 1, 1977 and June, 1978 nearly $277 million were expended to provide these food supplements.

Pregnant teenagers represent a significant proportion of the clients for this program, though exact numbers are not known. Given the recognized nutritional risks of pregnant teenagers, participation in this program can improve the chances for a successful pregnancy and a healthy child.

Title IV B (Child Welfare Services)

Under Title IV B of the Social Security Act, formula grants are awarded to state welfare agencies to assist in establishing, extending and strengthening child welfare services that prevent the neglect, abuse or delinquency of children. Grants are used to pay personnel who provide protective services to abused and neglected children and their families, to license and set standards in private child care agencies, and to help pay the costs of foster care, day care, homemaker services, return of runaway children, and placement of children in adoptive homes.

Title IV B programs are administered by the Administration for Children, Youth and Families of the Office of Human Development Services, Department of Health and Human Services. The federal funding level for 1979 was approximately $120 million. Most of the funds from this program are used for foster care services. In addition, about 1% of all day care expenditures come from this program.

Title V (Maternal and Child Health)

The original provisions for health services for mothers and children and services for crippled children, initiated in Title V of the Social Security Act of 1935, have been broadened and expanded in response to changing need. In 1965, Title V was revised to consolidate its various child health authorizations into one with percentage allocations to 3 broad categories: (1) formula grants to states for the extension and improvement of services - especially in rural and low-income areas - for reducing infant mortality and morbidity, improvement of health of mothers and children, and improvement of services to crippled children, (2) special project grants for maternity and infant care, family planning services, intensive infant care services, health services for children and youth, and dental health of children, and (3) grants for research and training.

Title V is administered by the Office of Maternal and Child Health of the Bureau of Community Health Services of the Department of Health and Human Services. The 1979 federal funding level was approximately $375.6 million. Formula grants typically go to state health departments, which establish or provide funds to clinics. Each state is required to have one or more Maternal and Infant Center, one or more Children and Youth Center, as well as one or more projects for family planning, high risk infants, and dental care for children. Maternal and child health services provided include hospitalization for delivery; medical and nursing care for high-risk infants; visits of public health nurses; and the screening, diagnosis and treatment of defects, and aftercare of preschool and school children. Approximately two-thirds of the program funds are used for maternal and child health services and one-third for crippled children's services.

Services may be provided regardless of the income, age, or marital status of the recipient. Low-income patients must receive services without charge (but providers may seek reimbursement from other sources such as Medicaid). Higher-income patients may be required to pay a fee according to income level.

It is estimated that nearly 1/3 of the individuals in Maternity and Infant projects are adolescents. Although pregnancy prevention is not the primary purpose of Title V, it serves this goal to some extent.

Title X (Family Planning)

The Family Planning Services and Population Research Act of 1970, Title X of the Public Health Service Act, is a grant program, providing funding to public and non-profit private organizations for the support of family planning services, training of family planning personnel, development and distribution of family planning educational materials, and research and technical assistance to improve the delivery of family planning services. Services are made available regardless of the age, marital status, or parity of the recipient. Although low income persons are to be given priority, services are not restricted to the poor. High-risk clients (teenagers and older women) also have priority.

Title X funds are allocated by the Bureau of Community Health Services to the 10 regional offices of Department of Health and Human Services. These regional offices award grants to individual providers, such as hospital clinics, health departments, planned parenthood facilities, neighborhood health centers, private non-profit agencies, and private physicians under contract to organized provider agencies. The 1979 federal funding level was approximately $146 million.

Explicit goals of Title X are expansion of service, improved accessibility and service to teenagers. Since Title X guidelines state that "charges should not be made in a manner that will constitute a barrier to services; no patient should be denied services because of inability to pay," Title X represents an important source of financial assistance to teenagers seeking contraception. Approximately 1 million adolescents are served in organized family planning programs, primarily Title X funded.

Title XIX (Medical Assistance: Medicaid)

The Social Security Act Amendments of 1965 established Title XIX (the Medicaid program). Title XIX, administered by the Health Care Financing Administration, DHHS, provides funds on an open-ended entitlement basis to assist states in paying for medical care for the low-income population. States participating in the program (all but Arizona) are required to provide medical assistance to all persons receiving federally-aided public assistance, i.e., Aid to Families with Dependent Children (AFDC) or, in most states, Supplementary Security Income (SSI). This categorically eligible population is entitled to receive all mandated services, such as hospitalization; family planning; x-rays; lab costs; Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental care. In addition, 33 states have opted to provide medical assistance to the medically needy, i.e., those persons who would be eligible for cash assistance except that the level of their income is sufficient to sustain themselves, yet too low to provide necessary medical care. States can also choose to provide coverage to all children under 21 from low-income families, regardless of welfare status or program eligibility.

The Medicaid program is administered by state and local governments with each state designing its own program and having substantial flexibility concerning eligibility, benefit levels, and scope of coverage. The federal government pays for more than half of administrative expenditures. The federal share of medical services varies from 50 to 83%, depending on relative per-capita income in the state. The federal share for family planning services is 90%.

Title XIX legislation explicitly includes "minors who can be considered to be sexually active." Thus an adolescent can receive family planning services paid for by Medicaid if he/she has access to a Medicaid card. Three million adolescents are estimated to be eligible for family planning and other Medicaid services, making this a very important source of medical assistance for low-income teenagers.

Title XX (Social Services)

Title XX of the Social Security Act was signed into law on January 4, 1975. The effective program date was October 1, 1975. It replaced Titles IV-A and VI of the Social Security Act as the basic instrument for social services grants to the 50 states and the District of Columbia. This federal-state grant-in-aid program is administered by the Administration for Public Services, Office of Human Development, DHHS.

The major purposes of Title XX are:

- To assist vulnerable, eligible persons to attain the best level of independent living of which they are capable
- To increase states' freedom and flexibility in developing and administering their social services program, using federally provided funds
- To increase participation by the citizenry in a public planning process

In FY 1979, a $2.9 billion limitation on annual federal funding was set for the Title XX services program. This amount is authorized for annual allocations among the states on the basis of the ratio which the state's population bears to the population of the 50 states and the District of Columbia.

Under Title XX, each state designs its own social services program. The federal government can pay 90 percent of a state's family planning services costs and 75 percent of other program costs within the state's share of the annual federal funding.

States set their own social services priorities after assessing the needs in local communities and what services are already being provided by other programs. The legislation requires each state Title XX social services agency to assure that there is public participation in the services program planning and requires the state to develop and publish a Comprehensive Annual Social Services Program Plan (CASP) and to make this plan available to the public for review and comment. The CASP must be approved by the governor but it is not subject to approval by the federal government.

The CASP must decribe how the state agency intends to operate its social services program and how it plans to use its state-federal social services funds for the next program year. All services offered to categories of eligible individuals as defined in the CASP must be offered statewide but the state has the option to establish geographic areas for the purposes of delivering services decribed in the CASP. If the state chooses to establish geographic areas, the CASP must decribe those geographic areas and provide that the required services specified in the regulations will be available to eligible individuals in every geographic area. If different services are made available to a category of individuals in different geographic areas, the services provided in a geographic area must be available to all eligible individuals in that category who reside in that area.

States must choose at least one service directed toward each of these goals:

- financial self-support
- personal self-care
- protection of children and vulnerable adults from abuse, neglect, or exploitation; and strengthening family life
- avoidance of inappropriate institutionalization by providing services in the local community, often in people's own homes
- appropriate institutional placement and services when in a person's best interests

States must also offer at least three services for aged, blind, or disabled persons receiving SSI (Supplemental Security Income), and family planning services at least for AFDC recipients, including minors, who request them. At state option, other persons who meet state and federal income limitations may also be eligible for Title XX.

States may set any income limit that does not exceed 115 percent of the state median income for a family of four (adjusted for family size). In addition, States may offer information and referral services, family planning services, and/or services directed toward the goal of protection, without an income means test. (17 states offer family planning services as a universal service to adolescents without regard to income.) States must impose reasonable, income-related fees for services furnished to persons with income over the 80 percent level. States may impose such fees for recipients and persons with income below the 80 percent level.

Each of the 50 States and District of Columbia has a Title XX program. Adoption, counseling, day care, family planning, homemaker services, health-related services, transportation, and foster care are among the services offered by all or most states. Title XX monies have also been used to fund unmarried parents services in some states. A variety of other services are offered as well, varying widely from state to state.

LIST OF ABBREVIATIONS

AFDC/ADC - Aid to Families with Dependent Children (Department of Health, Human Services, Social Security Administration, Office of Family Assistance)

CETA - Comprehensive Employment and Training Act (U.S. Department of Labor)

C&Y - Children and Youth

DFCS - Division of Family and Children's Services

DHR - Department of Human Resources

DPI - Department of Public Instruction

EPSDT - Early and Periodic Screening, Diagnosis and Treatment (Department of Health and Human Services, Health Care Financing Administration, Office of Child Health)

FP - Family Planning, Title X (U.S. Department of Health and Human Services, Bureau of Community Health Services)

LEA - Local Education Agency (Local School Board and/or School Administration

MCH - Maternal and Child Health (U.S. Department of Health and Human Services, Bureau of Community Health Services)

MIC - Maternal and Infant Care (part of MCH Programs)

OAPP - Office of Adolescent Pregnancy Program (Department of Health and Human Services, Office of Human Development)

PHN - Public Health Nurse

PHS - Public Health Service

SEA - State Education Agency (State Department of Education or State Department of Public Instruction and the State Board of Education)

SSA - Social Security Administration

SSI - Supplemental Security Income (Department of Health and Human Services, Social Security Administration)

WIC - Special Supplemental Food for Women, Infants, and Children (U.S. Department of Agriculture)

WIN - Work Incentive Program (Department of Health and Human Services, Office of Human Development; and Department of Labor, Employment and Training Administration

POLICY FRAMEWORK

State	Statutes	Attorney General Opiniors(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
AL	Title 22, Chpt. IC, Section 104 (15-18) Act 853	None	None	None	None	Department of Social Services Teenage Pregnancy in Alabama: The View from Pensions and Security	None
AK	ALR Section 11.15.060	None	Division of Social Services C.P.S. 2.1 F.P.S. 1.2 F.P.S. 4.0	None	None	None	Division of Public Health Not specified
AZ	ARS 36-125.04 ARS 44-132 ARS 15-1011,3d	77-37 (R76-472) 2/11/77	Department of Health W.I.C. policy Department of Education Special Education Conditions and Standards Relating to Identification and Placement, 5.05.6(4)	Department of Education Title 7, Administrative Rules and Regulations of the Arizona State Board of Education	None	Department of Economic Security Not specified	Department of Economic Security Adolescent Parenting Center Basic Information Manual and Training Manual
AR	Act 235 of 1973 82-363	2/22/78 12/11/70	Department of Health Teen Family Planning Manual	None	None	None	Department of Health Adolescent Maternity Clinic Objectives

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
CA	Civil Code, Sections 25.6 and 34.5 Welfare and Institutions Code, Section 16145 Education Code, Section 8390, Article 7 Section 48200 Section 8506	None	Department of Education Not soecified	Department of Health and Welfare Medi-Cal Eligibility Manual Sections 50014-17, 50147.1 Department of Social Services AFDC regulations Department of Education Administrative Code, Title 5, Articles 5 and 6 Education Code, Chpt. 3, Sections 18140-18174	State Board of Education Family Life & Health Education (12/15/72)		Department of Education School-age Parenting and Infant Development Program Health Instruction Framework for California Public Schools 5-Year State Plan for Vocational Education
CO	CRS 22-33-101-9 CRS 22-25 CRS 13-22-105 CRS 25-6	None	State Board of Education Policy 1431	Department of Health Department of Health Regulations, Part 2, 13-22-105	None	None	None
CT	None	None	State Board of Education JFE/JFF IGAH/IGAI Department of Human Resources - Social Services Day Care for Children of Students	Connecticut State Regulations Section 10-76 Department of Human Resources - Social Services Social Services Manual, Volume 3, Supplement D-2	None	None	Department of Health Young Parents Programs Department of Human Resources - Social Services Title XX Program Plan for FY 77-79

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
DE	Delaware Code Section 708(a) Chapter 7, Title 13 Delaware Code Section 2706, Title 14	None	Department of Public Instruction Program for Pregnant Students Guidelines for Resource Materials and Persons for Personal and Family Living State Board of Education Policy for Supportive Instruction Policy on Necessary and Legal Absences from School	Department of Public Instruction School Nurse Handbook Division of Social Services Not specified	None	None	Division of Health Teen Services Plan Division of Social Services Title XX State Plan
DC	P.L. 361 Article I	None	Department of Human Resources Not specified Board of Education Human Sexuality and Reproduction (5/79)	None	None	None	Department of Human Resources Not specified
FL	F.S. 232.01 F.S. 381.382 F.S. 458.504-6	#072-1 (1/4/72)	Department of Health and Rehabilitative Services Family Planning for Minors HRS Manual, 165-2, Chpt. 12-29	Department of Education Special Programs Regulations, Supp. #79, Chpt. 6A-6.3015	None	Department of Education Position Statement on Family Life and Sex Education	Department of Health and Rehabilitative Services Florida's Statewide Planning Program

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
GA	312-2104-2106 32-604a 32-937 Act 427 Act 403 (Chpt. 88-29)	None	Department of Education Building a Better You - A Guide for Health Education State Board of Education Policy 40-510220 Policy 40-211, 213, 2191 Department of Human Resources County Letter # 78-4 Title XX training paper regarding services to expectant parents Memorandum regarding legality of transporting teens to FP Service Centers DHR Manual Section II-105 Part I- Chapter V Part 10, Chapter II, Section II 228.10 228.26	Department of Education Program for Exceptional Children - Regulations - Hospital/Home Instruction	Department of Human Resources - Health Not specified	Department of Human Resources - Health Not specified	Department of Human Resources DHR Comprehensive Annual Service Program Plan - Family Planning Services Georgia Teenage Pregnancy Prevention Program
HI	HRS 298-9 HRS 577A-1-3	11/25/77	Department of Health Memorandum - 12/19/77 Memorandum - 9/26/78 Memorandum - October 13, 1978	Department of Education Rule #22 Rule #23	House Resolution 271 (2/13/78)	None	Department of Health MCH Goals, Objectives, and Program Plans Hawaii Demonstration Project to Avert Unintended Teenage Pregnancies Hawaii State Health Plan for 1978

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
ID	IC 33-1608 IC 33-2006 IC 56-204A	None	Division of Welare Not specified Division of Health Not specified	Division of Welfare Section 3-2045 Social Services Manual Division of Health W.I.C. Program Eligibility Criteria	None	None	Division of Health Not specified Department of Education Family Life and Sex Education Currriculum Guide
IL	School Code 122, Section 10-22.6a Chpt. 91, Par. 18.1-18.5 Par. 18.7	None	Department of Public Aid Memorandum to physicians 6/1/79 regarding abortions	Department of Public Aid AFDC Manual Sections 420, 905 IDPA Rule 3.23	None	None	None
IN	IC 20 8.1, Chpt. 3	None	Department of Public Instruction Rights of Married Students in the Public Schools (3/3/73)	None	None	Department of Public Instruction Division of Pupil Personnel Objectives regarding T.A. to School-Age Parent Programs	None
IA	601.A Consent by Minors to Medical and Surgical Procedures and Counseling Act House File 755	None	State Board of Public Instruction Sex Education in the Schools Department of Social Services Social Services Employees' Manual IV-E-7 V-5-36C XIII-R-25 2/2/79 memo regarding: abortions for clients under custody of DSS	Department of Social Services IAC 770-55	None	None	Department of Social Services Not specified

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
KS	KSA-72-1111 Special Education Law	Not specified	State Board of Education Guidelines for Sex Education in the Public Schools of Kansas (1970)	Department of Education Vocational Home Economics Guidelines Department of Social and Rehabilitation Services Public Assistance Manual, Section 2100	Departments of Education and Social and Rehabilitation Services Governor's Task Force - Problems of Youth	Department of Health and Environment Not specified	Department of Education 1 and 5-year Vocational Education Consumer Education State Plan for FY 1978-82 Department of Health and Environment Not specified Department of Social and Rehabilitation Services Not specified
KY	KRS 311.710-990 KRS 159.030 KRS 214.185	None	Department for Human Resources BSS, p52.012-.015 BSS, p52.024-.030	None	None	None	Department of Education Parenthood Education Curriculum Guides
LA	S.B.39 (1979) R.S.24-253 Act 754	8/6/73	None	Department of Education Act 754 Subsection 962	None	None	Department of Health and Human Resources MCH State Plan
ME	22MRSA Section 1597	None	Department of Human Services Policy Statment #44G	None	None	None	Department of Human Services W.I.C. State Agency Plan for FY 79
MD	Maryland Annotated Code, Article 88A, Sections 11-113 Article 43, Section 135	Department of Education Maryland Bylaw 13.07.02.02	None	None	None		Department of Health 5-Year Plan for Infant, Child and Adolescent Health Services (through 1984)

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
MA	71, Section 84 18B, Section 2 111, Section 51 112, Section 12F 119, Section 23B 273, Section 13	None	Department of Public Health Policy statement on Family Planning (March, 1978) Department of Public Welfare Social Services Policy Manual, Chapter III	Department of Public Health The Administrator's Guide for the School Health Program (1978) Department of Public Welfare Massachusetts Assistance Payments Manual: 6 CHS RIII, Subchapter A, Subpart C, Section 304.118 106CMR, Chapter 484 Massachusetts Social Services Policy Manual, Chapter II Chapter 282, Subchapter 6 Department of Public Welfare Manual Chapter 480	None	None	Department of Public Health Not specified

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
MI	Public Act. #242 Michigan School Code, Part 24, Section 1561	None	Department of Social Services Not specified Department of Education A Comprehensive and Integrated Model of Services for Pregnant Adolescents/ School-age Parents and Their Families	Department of Social Services Social Services Manual: A-111 and A-405 Medical Assistance Eligibility Manual, Section 204.2 Department of Education State Board of Education Education of Pregnant Students	Department of Public Health Not specified	Department of Public Health Not specified Department of Education Not specified	Interagency Committee for Services to High Risk Children and Their Families (includes Departments of Health, Social Services and Education) A Comprehensive and Integrated Model of Services for Pregnant Adolescent/ School-age Parents and Their Families
MN	MS 363.01-03 MS 120.10 MS 144.341-347 MS 145.925.4	#494-b-39 (8/72)	None	Department of Education Education Code 120	None	Department of Education Family Life and Sex Education (November 16, 1966)	None
MS	MS. Code, Chpt. 483 Section 1 MS. Code, Chpt. 42, Section 41-42-7	None	Board of Health Not specified	Department of Public Welfare Bull. #2998 (6/27/78) Welfare Manual, Vol. II, Section E	None	None	Board of Health MCH State Plan State Plan for Family Planning Services
MO	RSMO 431.061 RSMO 188.015-075	#84 (3/63)	Department of Health yes	None	None	None	Department of Health Health Education plans Department of Education Family Living Curriculum Guide (in progress)

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
MT	RCM 5, Section 115, 20-5-101 RCM 41-1-402-04 RCM 50-19-103 RCM 50-20-107	None	None	None	None	None	Department of Health and Environmental Sciences Not specified Department of Social and Rehabilitative Services Pregnant Adolescent Plan
NE	NRS Sec. 28-327-343 (waiting period requirement is enjoined by Judge Urbom)	None	State Board of Education IDBA	None	Legislative Resolution 96 (1/3/74) State Board of Education Resolution regarding pregnant/married students (4/5/74)	None	None
NV	NRS 442.250 NRS 129.010-.030 NRS 127.080 NRS 392.040-.050 Assembly Bill #650	10/15/76 2/22/77	Division of Welfare Comprehensive Annual Services Program Plan	Divison of Welfare Nevada State Welfare Division Services Manual, Sections 401, 407, 408, 420 Eligibility & Payments Manual Section 206.1.F	None	Department of Education Comprehensive Health Education Position Paper	None
NH	None	1975 opinion regarding provision of information to adolescents	State Board of Education Policy Statement Relating to a Comprehensive Health Education Program	Division of Welfare Not specified	None	Division of Public Health Services Working paper "Teenaged Parenthood" or "Kids Having Kids"	Division of Welfare, Bureau of Child and Family Services Being developed

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
NJ	NJSA 9:17A-1-5	None	State Board of Education Policy on Family Life Education (8/79) Department of Human Services Social Services Transmittal Letter #75-9-71	Department of Education Rules on Family Life Education Department of Human Services Public Assistance Manual 8541-3	None	Department of Education In process	Department of Education Family Life Education Curriculum
NM	Public School Code Article 10	None	Department of Human Services HSSD-SSA 400	Department of Human Services HSSD-SSA 400 Medical Assistance Program Manual Section 310-M	None	None	Department of Health and Environment Not specified
NY	None	None	Department of Education Educating School-Age Parents Family Life & Sex Education	None	None	None	Department of Social Services Training projects for service provider training Service delivery systems for teenage pregnancy and parenthood programs Department of Education Adolescent Pregnancy Project Department of Health Not specified

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
NC	G.S. 90-21.4-5 G.S. 14-45.1 G.S. 115-360-66 G.S. 115-24.1 H.B. 974 (effective 7/79)	8/31/77 10/4/77 1/28/76 9/20/76 8/6/76	Division of Health Services Title XX regulations Division of Social Services Letter to Social Services directors regarding minors right to consent for family planning services Department of Public Instruction Sex Education	Division of Health Services Title XX regulations Division of Social Services Family Services Manual: Vol. 5, Chpt. 5, Vol. 5, Chpt. 15	State Health Plan Committee and Family Planning Advisory Council (associated with Division of Health Services) Resolution regarding Statewide School Health Education Program Statewide Advisory Council for Regionalized Perinatal Health Care (associated with Division of Social Services) Resolution regarding medical care to indigents	Division of Health Services A Child Health Plan for Raising a New Generation	Division of Health Services A Child Health Plan for Raising a New Generation Division of Social Services Operational Program Plan for Individual and Family Support Services Department of Public Instruction Course of Study for Elementary and Secondary Schools, K-12, Health Education
ND	SB #2385 (1979) (partially stayed by federal injunction pending review) NDCC 9-02-01 HB 1581 (1979)	None	None	Social Services Board Social Work Manual Chapter 321, Section 3	None	None	None
OH	R.C. Chpt. 3321	Department of Elementary and Secondary Education #2147 (1961) #77-001 (4/77)		Department of Welfare Medicaid rules			Department of Welfare Title XX plans

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State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
OK	O.S. Law Chapter 161 (63 O.S. Supp. 1976, S.2602)	unofficial attorney general opinion issued 2/24/72 A.G. Opinion #76-241 -12/6/72	Department of Health 9/4/75 - Memo from Commissioner of Health to county health directors 10/6/76 - Memo to county health directors from the Acting Commissioner of Health 7/27/77 - Memo from State Department of Health to county health directors 2/23/78 - memo to the MCH Director from the Department of Health's Legal Consultant Memo to the Family Planning Director from the State Department of Health's legal consultant	Department of Health 1973 Board of Health Rules for Family Planning Centers	Oklahoma Health Systems Agency adopted resolution of 1978	None	None
OR	ORS 423.14 ORS 343.035 ORS 343.077 ORS 109.640	March 27, 1973	None	Department of Education 581-15-051	None	Children's Services Division Not specified	Children's Services Division Not specified

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
PA	Department of Health 35P.S.-Act 10 (2/70) (2/70) Sec. 10101 - 10103 Chap. 34, Section 6601-6608 PA. School Law Section 123.04	Basic Education Circular #68, (3/1/74) A.G.O. of 8/77	Department of Health Invoicing System to set uniform fees for family planning services used by four regional family planning councils	None	None	Department of Education As yet unpublished "School-Age Parents and Their Education"	Department of Health Proposed IPO Project
RI	None	None	Board of Regents Recommendations regarding education and other services for pregnant students (1974) Department of Social and Rehabilitative Services Memo to holders of AFDC Family Manual (2/75)	Department of Social and Rehabilitative Services DSRS Manual Section 510, Family Planning Services	See Board of Regents Policies	SEA Bureau of Technical Assistance "School-Age Pregnancy" (February 10, 1975)	Department of Social and Rehabilitative Services AFDC program plans
SC	SCC 21-757.2(e) SCC 44-41-30 SCC 32-565-568	#3191 (9/28/71) March 11, 1976 January 16, 1976	State Board of Education IODC Department of Social Services Social Services Manual, Section 2000 Department of Health Not specified	Department of Social Services Social Services Manual, Section 2000 Department of Health Not specified	None	None	Department of Social Services Life Skills Education Plan Department of Health Not specified

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
SD	SDCL Section 13-27-1-4	10/7/59 9/18/74	Department of Social Services Family Substitute Care	Department of Social Services Chapter 67:14:02 Chapter 67:14:06 Chapter 67:16:01 Chapter 67:16:02 Chapter 67:16:11	None	None	Department of Social Services Title XX Annual Services Plan - 1979
TN	TCA 53-4607-8 TCA 49-2914 TCA 49-1924	None	Department of Human Services Social Services Manual Volume IV, Chapter 10	Department of Human Services Social Services Manual Volume IV, Chapter 10-11 Department of Education Minimum Rules and Regulations 0520-1-3-01	None	None	Department of Health Family Planning Program Teenage Initative, FY 79 Department of Human Services Title XX Annual Services Plan, 1979 Program Goals for 1979-80, Program Specialist III for services to unmarried parents

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
TX	Section 21.032 Section 21.033 V.T.C.A. Section 35.03	Informal Opinion (1/19/78)	Department of Human Resources SSHR-6200 SSHR-6620 SSHR-6250 SSHR-7200 Department of Education Policy #3571, Item 9 Section 3572, Item K Leave Policy Board of Education Policy Position regarding child abuse, neglect and mistreatment	Department of Education Rule for recording attendance of home-hospital bound and community class pregnant students	None	Department of Human Resources Pilot test proposal for Family Planning Outreach to adolescent AFDC mothers Position paper proposing a special project to serve teenagers Request for approval of adolescent's eligibility for family planning services without regard to income Description of Title X services available to teens Memorandum to Director of AFDC Section on Program and Policy Development Division (7/77)	Department of Health MCH Obejectives and Activities Report Department of Health/Human Resources Media outreach efforts to adolescents about family planning Family planning workshop about human sexual concerns of adolescents Merger of family planning and EPSDT program into a comprehensive teen clinic

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
UT	U.C.A. 53-14-10 U.C.A. 76-7-304-2 U.C.A. 55-15A-3 State of Utah School Health Laws Section 7-1-3 OTHER Executive Order from Governor (4/18/77)	2/13/74	Division of Health Statement on Family Planning (1977) Department of Public Instruction Health Education in Utah Public Schools (1975) Maturation, Growth, Development and Human Sexuality (1974)	None	Legislature SJR #17 (36th Legislative Session)	None	Division of Health Philosophy, definition and goals of family planning (12/78) Department of Public Instruction Health Education Curriculum Guides
VT	16 V.S.A. Chpt. I, Subchpt. 7 16 V.S.A., Chpt. 25, Subchpt. I Sections 1121-1124	None	Department of Education Not specified	None	None	None	Department of Education Not specified
VA	VA Code 22-275.1	None	Department of Health Guidelines for dealing with adolescent patients in family planning clinics (1978)	State Board of Education Regulations and Guidelines Regarding Sex Education (1970) Department of Welfare ADC Manual 403.2, Family Planning Services	None	None	Departments of Education and Health Family Life Education Guidelines Department of Health (Family Planning) Adolescent Services Project

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
WA	Chapter 165 - Laws of 1979 First Extraordinary Session RCW 28A.27.010	#366-1952 #105-1960	Department of Social and Health Services WAC 388-82-015 RCW 26.28.010 RCW 26.28.020 WAC 388-86-035 WAC 388-24-550 Department of Public Instruction WAC 180-50-070	Department of Public Instruction Student Procedures and Substantive Due Process Rules Chpt. 180-40095(1) and 215	Senate Resolution (March 1979)	None	Department of Social and Health Services Nct specified
WV	None	11/26/73 2/74 2/75	None	Department of Health Memorandum of 10/5/78 Department of Education SEA Section II and Section IV	State Board of Education Resolution regarding equal opportunity in extracurricular programs (12/70)	None	Department of Health Proposal for Projected Services to Sexually-Active Minors, 1977-78 (MCH Plan)

POLICY FRAMEWORK

State	Statutes	Attorney General Opinions(s)	Policies	Rules and Regulations	Resolutions	Action Statements (Position Papers)	Program Plans
WI	115.76(3)(h) Subchapter IV of Chapter 115, Section PI 11.18	None	Department of Health Bureau of Health Care Financing; policy regarding implementation of Title XIX and Wisconsin statutes 1978 Memo to W.I.C. Project Directors MCH Section policy regarding implementation of federal policy Department of Health Manual, Chpt. 3, Section 3.04 Department of Social Services Community Social Services Manual, Chpt VI-11 Department of Public Instruction Speech by state superintendent, 10/78 nine policy areas identified	Department of Health W.I.C. Rules Department of Public Instruction Bulletin #78-16 Bulletin #8357	None	None	Department of Health W.I.C. State Plan Department of Public Instruction In process of establishing a formal inter-agency committee with Division of Health
WY	Section 35-14-101-106	None	None	Divison of Public Assistance and Social Services Not specified	None	None	None

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
AL	Departments of Health (MCH) and Education	Family Life Education in schools
	Departments of Health (MCH and FP) and Education	To discuss funding of local education agency efforts
	Department of Education, the State Health Planning and Development Agency and the Health Systems Agencies	To implement educational programs, to arrange clinical experiences for Health Occupations Students of America, to cooperate with regulatory boards and licensure agencies
	Departments of Health and Pensions and Security	Assessing service and program needs to reduce teenage pregnancy and infant mortality
AK	Department of Health and other state agencies through the Public Health Nurse	Not specified
AZ	None	
AR	Departments of Health, Education and Social Services	Development of a proposal for Title VI funds
	Department of Health the Arkansas Children's Hospital	Clinic support
	Department of Health and the University of Arkansas Medical Center	Patient delivery
CA	Departments of Education and Health and Welfare	Interagency Council for Children and Youth; Steering Committee for School-Age Pregnancy Prevention and Parenting (to work on proposal for funds from the Office of Adolescent Pregnancy Programs); development of Family Life and Health Education programs
	Department of Education and California legislature	California Task Force on Positive Parenting, Recelebration of the Family (series of one-day conferences to raise awareness of parenting education and parenting educators)
CO	Departments of Health and Social Services	Provide teen family planning services and an adolescent pregnancy plan
	Departments of Health and Education	School-age Parent Program
CT	Departments of Health, Education, Children and Youth Services and Social Services; and the Office of Day Care are represented on the Day Care Council	Council serves as an advisory body to state agencies responsible for day care policymaking and licensures, and as a forum for the discussion of current issues regarding daycare
	Department of Education (Vocational Education - Home Economics Unit) and State Advisory Committee on Women-Infant Care--High Risk	Advises Department of Health regarding needs of pregnant adolescents/adolescent parents
DE	Divisions of Health and Social Services	Contract for Health Division to provide health services for EPSDT
	Department of Health and Social Services and Department of Public Instruction with Delaware Adolescent Program, Inc. (DAPI)	Health division provides voluntary personnel to lecture on health related matters; Social Services has contract to provide social services for pregnant adolescents/adolescent parents and their children

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
DC	Departments of Human Resources and Education	Addressing gaps in services and evaluating existing services for pregnant adolescents/adolescent parents (resulted in Board of Education policy requiring sex education in public schools)
	Department of Education and Children's Hospital	Adolescent pregnancy
FL	Departments of Education and Health and Rehabilitation Services	Development and implementation of an Annual statewide conference on adolescent sexuality and parenting; development of a model Family Life/Sex Education Program; preparation of client records; provision of supportive services
	Department of Health and Rehabilitation Services and others	Participate in Florida Alliance for Responsible Adolescent Parenting, which plans and promotes statewide conferences, local coalition building, program coordination and policy development and published a position paper on primary prevention
GA	Division of Child and Family Services and Division of Physical Health	Participate in Teen Services Resource Committee; developed a policy statement, "Georgia Teenage Pregnancy Prevention Program"
	Division of Physical Health and Department of Education	Informal collaboration on a nutrition education project for pregnant adolescents and teen parents
HI	Departments of Education and Health	Programs plans regarding nutrition, family planning and mother baby care; work on family life and sex education curriculum
	Departments of Education and Social Services and Housing	Program plans regarding family counseling/financial assistance
ID	Departments of Education and Health	Program coordination between health education departments of the 2 agencies jointly developed the Health Education Curriculum Guide (funded by the Department of Health) and Health Department personnel will assist in inservice training of health and home economics instructors who will be using the guide
IL	Departments of Education and Public Aid	Education and training of welfare recipients
	Departments of Education and Children and Family Services	Interagency committee
	Department of Education and Illinois Commission on Children	Committee
IN	None	

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
IA	Departments of Social Services, Public Instruction, and Health, the Legislature, and several organizations	Council on Adolescent Pregnancy formed in 1977 to identify workable approaches to assure coordination of medical, psycho-social and educational services to the adolescent during preconceptual, prenatal, natal and postnatal periods continuing for at least 1 year, or if she keeps the infant, until her child reaches the age of five. Workshops and training sessions are encouraged by the Council to assist communities to plan comprehensive collaborative services for adolescents.
	Department of Public Instruction and Mitchelville Training School for Girls	Developed rules and regulations for services to pregnant girls who have been adjudicated as delinquent
KS	Departments of Education, Social and Rehabilitation Services and Health and Environment, and the Extension Service	Kansas Advisory Council on Children and Youth formed as a result of a DHEW sponsored Teenage Pregnancy Conference in 1978. Goals are to publish a directory of adolescent parenthood programs and services in the state and to establish day care centers for children of adolescent parents.
	Departments of Education and Health and Environment	Monthly interdepartmental committee meetings on health-related issues and the Governor's Commission for Parenthood, an informal group which grew out of a parenthood education seminar in 1977. Their efforts resulted in the hiring of a Department of Education staff person to work on parenthood education curriculum development.
	Departments of Education, Social and Rehabilitation Services and several local agency representatives	Governor's Task Force on Problems of Youth developed a statement which recommends, among other things, that the legislature grant immunity from prosecution for physicians who provide family planning services to persons under age 18, regardless of parental consent.
	Departments of Health and Environment and Social and Rehabilitation Services	Family Planning Pilot Project and Family Planning Clinics and Services

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
KY	Department for Human Resources and Department of Education	Developed parenthood education curricula; participate in Kentucky Coalition on Teenage Pregnancy
	Bureau for Health Services and Bureau for Social Insurance	Formal contracts regarding Medicaid reimbursements; Interbureau Committee on Teenage Pregnancy
	Bureau for Health Services and Bureau for Social Services (BSS)	Referrals to family planning clinic, inservice training of BSS staff on family planning clinic services
	Bureaus for Health Services, Social Insurance and Social Services	Participated in Governor's Welfare Reform Task Force - Home and Family Services group which addressed needs of adolescents
LA	Office of Health and Office of Family Security	NI
	Division of Youth Services and Division of Social Services	Regarding pregnant adolescents on probation or parole
	Department of Education and Department of Health and Human Resources	Informal collaboration; developed an agreement concerning implementation of Act 754 (which peripherally affects pregnant teens)
ME	Departments of Education (Home Economics Education) and Human Services and the Adolescent Pregnancy Coalition	Developed a list of resources and a statement of purpose, goals and objectives for impacting on the problem of adolescent pregnancy
	Departments of Human Services and Education	Development and dissemination of health curricula to schools
MD	Departments of Health and Mental Hygiene, and Human Resources	Pursuant to SB 357, agencies are developing a list of resources to be used as an alternative to abortion, to be updated annually
	Departments of Health and Mental Hygiene, and Education	Developing an ITV series on parenthood; working on an immunization project
	Departments of Human Resources and Education	Child abuse treatments and prevention project
MA	Department of Education and Executive Office of Human Services (includes Departments of Public Welfare and Public Health)	Health services
MI	Departments of Public Health, Mental Health, Social Services and Management and Budget	Participate in Interagency Committee for Services to High Risk Children and Their Families; developed a statement of agreement, recommendations, a program plan entitled " A Comprehensive and Integrated Model of Services for Pregnant Adolescents/School-age Parents and Their Families," and a policy statement entitled, "Proposed Recommendations for Implementation of the Comprehensive and Integrated Model of Services for Pregnant Adolescents, School-age parents and Their Families in the State of Michigan"

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
MN	None	
MS	Department of Education and State Board of Health	Inservice education for school personnel regarding health education (frequently includes adolescent pregnancy)
	State Board of Health and Department of Public Welfare	Family planning counseling and educational and medical services (A contract has been developed to serve Title XX eligible adolescents with family planning services.)
MO	None	
MT	Departments of Social & Rehabilitative Services and Health and Environmental Sciences, Office of Public Instruction and Indian Health Service	Formed a coalition on teenage pregnancy to coordinate efforts across agencies and to apply for a grant from OAPP
	Departments of Social and Rehabilitative Services and Health and Environment	Family Planning services
NE	None	
NV	Divisions of Health and Welfare	Crippled children's services; W.I.C.; Purchase of Service Agreement to provide family planning services in rural counties through the Public Health offices
NH	Division of Public Health Service informally collaborates with other state agencies	Not specified
NJ	Departments of Health, Education and Human Services	Task Force to make recommendations to the State Board of Education on Family life education policy and curriculum development
NM	Departments of Education and Health and Environment	Planning for the needs of pregnant adolescents/adolescent parents
NY	Departments of Health and Education	School Health Task Force - working on State Health Plan; has resulted in Robert Wood Johnson Foundation grant to improve school health services
	Departments of Health, Education, Social Services, and Labor; Health Planning Commission; Council on Children and Families; and Division for Youth	Produced report, Teenage Pregnancy - A Report to Governor Hugh L. Carey from the New York State Department of Social Services, 1978

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
NC	Division of Health Services and Department of Public Instruction	Sponsored Focus conference in 1978 and published conference report regarding services provided to infants, young children and their families; conference regarding services to pregnant and parent teens in 1977.
	Department of Public Instruction, Division of Health Services, Department of Administration and others	Participate in the Task Force on Human Development and Sexuality which sponsored a Conference on adolescent sexuality for adults who work with youth, 1979
	Division of Social Services and Department of Public Instruction	Advocating increased funding for HB 540, strengthening human sexuality and family planning elements of health education curriculum
	Division of Social Services and Division of Health Services	Outreach to teens with information regarding human sexuality and contraceptive services; positive pregnancy outcomes for high risk women (including adolescents under 16)
	Division of Social Services and Division of Medical Services	EPSDT and medical care for sexually active adolescents and teenage parents
ND	Department of Health, and the Social Services Board	Formal agreement for Health to provide and receive reimbursement for family planning counseling services to welfare-eligible clients
	Departments of Health and Education, the Social Services Board and other organizations	Development of sex education curriculum
OH	Departments of Health and Elementary and Secondary Education	Developed a family living curriculum which is being pilot tested; Department of Health funds workshops for teachers on human sexuality
OK	Legislative Council and Departments of Health; Institutions, Social and Rehabilitative Services	To establish economic costs of teenage pregnancy
	Legislative Council and Department of Health	Family planning program
	Departments of Health, and Institutions, Social and Rehabilitative Services	Client referrals and payment for medical services
	Departments of Education and Health	Awareness of problems of teenage pregnancy and parenting and sex education
OR	Divisions of Children's Services and Health	Collaboration regarding pregnant adolescent/adolescent parent needs
	Divisions of Adult and Family Services, and Health	Medical services (a document has been developed)
	Department of Education and Division of Health	Health education

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
PA	Departments of Health and Public Welfare	Family planning service delivery
	Departments of Health and Education	Are planning to develop referral mechanism to integrate pregnant adolescents into prenatal care services
RI	Departments of Health (MCH), and Education	Planning for Young Parents Program
	Departments of Health (MCH) and Education, and Women's Infants' Hospital of Rhode Island	Adolescent Parenthood Clinic
	Departments of Social & Rehabilitative Services and Education	Day Care Planning
SC	Departments of Social Services and Health	Special programs and clinics for teens
	Departments of Social Services and Education	Development of parenthood education curriculum
SD	Departments of Education and Health	Development of a health education curriculum guide
	Department of Social Services and other state agencies	Not specified
TN	Departments of Health and Human Services	Family planning services, prenatal and nutritional services for welfare-eligible clients
	Departments of Human Services and Corrections	Services for pregnant, unmarried females who are commited to correctional facilities or are on parole or probation
TX	Departments of Health, Human Resources, Education, and Community Affairs	Helped to establish Texas Association concerned with School-Age Parents
	Departments of Health, Community Affairs, and Human Resources	Published a book entitled, Still the Darker Side of Childhood; data collection; needs assessment
	Departments of Human Resources and Education	Informal collaboration; agreements regarding licensure and referral of clients for services
	Department of Health and other agencies	Task Force on Adolescent Health
	Department of Human Resources and Texas Rehabilitation Commission	Training, counseling and support services for welfare clients regarding employment, halfway houses, psychiatric services, job training and remedial and education services
	Departments of Health and Human Resources	Purchase of services agreement for family planning and EPSDT

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
UT	Department of Health and several other agencies	Family Planning Advisory Council
	Departments of Health and Social Services	Client referrals
	Departments of Social Services and Education	Developed a memo of agreement regarding collaborate arrangements between the agencies
VT	None	
VA	All state agencies have interagency agreements to facilitate state level cooperation and encourage similar efforts at the local level.	
	Departments of Education and Health, and Virginia Division for Children	Development of a K-12 Family Life Education curriculum
	Department of Education and Attorney General's Office	Protective Services Bureau
	Departments of Health and Education, and Attorney General's Office	Governor's Advisory Committe on CARN
WA	The Family Planning Program within DSHS collaborates with the Community Services Division in the same Department	Services delivery to the target populations
	Office of the Superintendent of Public Instruction with DSHS	Policy Coordinating Council and statewide conferences involving young parents
	Legislative Council does not formally collaborate but did report a Task Force involving representatives of the Department of Social and Health Services and the Office of the Superintendent of Public Instruction which the legislative staff is tracking	
WV	Departments of Health and Welfare	NI
	Department of Education and regional offices of the Department of Public Welfare	NI
	Departments of Health and Education	Interagency Council for Child Services; West Virginia Parenting Council

COLLABORATION WITH OTHER STATE AGENCIES

State	Agencies	Efforts/Activities
WI	Departments of Health and Public Instruction	Nutrition education training program; referral of students by school health nurses; in process of establishing a formal inter-agency committee
	Bureau for Children, Youth and Families and other agencies	Interdepartmental Committee on Children's Issues
	Legislative Council, and Departments of Health, Social Services, and Public Instruction	Gathering information on issues regarding needs of pregnant adolescents
WY	Divisions of Health and Medical Services, and Public Assistance and Social Services	Collaboration regarding needs of pregnant adolescents/school-age parents

FUNDING

State	Funding for Services for Pregnant Adolescents/Adolescent Parents		Categorical Funding for Adolescent Pregnancy/Parenthood Programs		
	Federal (list)	State (list)	Funding Exists	Amount	Administrative Agency
AL	Titles V, X, XX, IV-B	Matching	No		
AK	Information not available		No		
AZ	W.I.C. Titles V, XX HEW National Center for Child Abuse and Neglect P.L. 94-482 (Vocational Education - Home Economics, Day Care, Adult) P.L. 94-142 (Special Education Homebound	ARS 15-1011.3d (Special Education Homebound)	No		
AR	Title XX	General Revenues	No		
CA	W.I.C. Titles XIX, V, XX CETA AFDC Vocational education child care funds Expanded Nutrition Education Program - University Extension	Child Health and Disability Prevention Program Rural Health Programs Day care services Regional centers for developmentally disabled (including high risk infants) Children's Services Adult Education	yes - High School Infant Care and Development Services Program Pregnant Minors Program (subsection of programs for handicapped children)	$2,714,336 $6,743,731	Department of Education, Office of Child Development Department of Education, Office of Special Education
CO	Titles V, X, XIX Migrant Program		No		
CT	W.I.C. Titles V, XX P.L. 94-142		No		
DE	W.I.C. Titles, V, X, XIX, XX		Yes	NI	Department of Public Education
DC	Title XX		No		
FL	Titles X, XV CETA P.L. 94-142 W.I.C.		No		
GA	Titles V, X, XIX (DHR), XX P.L. 94-482 (Vocational Education Funds)			$230,000	Department of Education

FUNDING

State	Funding for Services for Pregnant Adolescents/Adolescent Parents		Categorical Funding for Adolescent Pregnancy/Parenthood Programs		
	Federal (list)	State (list)	Funding Exists	Amount	Administrative Agency
HI	NR	General educational funds for Home/Hospital instruction	No		
ID	Titles XIX, XX W.I.C.		Yes	$108,080	Social Services
IL	CETA Titles V, XIX, XX		No		
IN	Titles IV-C, I Vocational and Adult Educational Funds		No		
IA	W.I.C. Title XX Vocational Rehabilitation	Funds for medically necessary abortions	No		
KS	P.L. 94-142 (homebound)		Yes	$270,000 of federal funds are allocated by state legislature	Maternal and Child Health (local health departments receive 50% matching monies for maternal and infant care projects directed at teenagers)
KY	LEAA, Titles V, X, XIX W.I.C.	State education foundation funds for homebound students	No		
LA	Titles, V, X, XIX, XX CETA		No		
ME	W.I.C. Titles V, XIX, XX CETA Child Care Food Program		No		
MD	Title X W.I.C.		No		
MA	W.I.C.		No		
MI	W.I.C. CETA Neighborhood Youth Corps	Bureau of Rehabilitation Service	No		
MN	NI	Special Education state aid for homebound instruction	No		
MS	NI		No		

FUNDING

State	Funding for Services for Pregnant Adolescents/Adolescent Parents		Categorical Funding for Adolescent Pregnancy/Parenthood Programs		
	Federal (list)	State (list)	Funding Exists	Amount	Administrative Agency
MO	Titles V, XX W.I.C.	Special Education funds for homebound instruction	No		
MT	W.I.C.		No		
NE	Titles X, XIX, XX		No		
NV	Titles XIX, XX W.I.C.		No		
NH	Titles IV B, V, X, XIX, XX W.I.C.		No		
NJ	Titles V, X, XIX, XX P.L. 94-482 W.I.C.	Handicapped funds	No		
NM	Vocational Education funds CETA Titles X, XX DHEW Human Development Services		No		
NY	Titles IVA, V, X, XIX, XX W.I.C.		Yes	$75,000 $75,000	Department of Education Department of Social Services
NC	Titles III, V, X, IVA & B, XIX, and XX W.I.C. WIN Vocational Education funds		No		
ND	W.I.C. Titles, V, X AFDC		No		
OH	Titles V, X, XIX, XX W.I.C. ADC		No		
OK	Titles V, X, XX, XIX, Titles IV-B - Parts C & D CETA		No		
OR	Titles V, X, XIX CETA	Handicapped Reimbursement	No		
PA	P.L. 94-482 (Federal Vocational Education monies - Section 150, Consumer and Homemaking) Titles, V, X, XX W.I.C.	Under consideration: would establish educational program for the development of family responsibilities with a $500,000 appropriation	No		

FUNDING

State	Funding for Services for Pregnant Adolescents/Adolescent Parents: Federal (list)	Funding for Services for Pregnant Adolescents/Adolescent Parents: State (list)	Categorical Funding for Adolescent Pregnancy/Parenthood Programs: Funding Exists	Categorical Funding for Adolescent Pregnancy/Parenthood Programs: Amount	Categorical Funding for Adolescent Pregnancy/Parenthood Programs: Administrative Agency
RI	Titles V, XIX, XX Title IV-C of ESEA (Innovative & Demonstration Projects)		No		
SC	Titles IV-B, V, X, XIX, XX CETA		No		
SD	P.L. 94-142 - "homebound" Titles XIX, XX CETA W.I.C.		No		
TN	Titles V, X, XX W.I.C. P.L. 94-142		No		
TX	Titles V, XIX, XX W.I.C. CETA Title IV-C Special Education		No		
UT	P.L. 94-142 (Vocational Education Act Subpart 5 - Consumer Homemaking) W.I.C.		No		
VT	Titles, V, X, XX W.I.C.	Adult Basic Education	No		
VA	P.L. 94-142 (Special Education) Titles IV, V, X, XIX, XX W.I.C.		No		
WA	P.L. 94-482 Titles X, XX		No		
WV	AFDC Titles V, X, XIX CETA/YEDPA USDA - Cooperative Extention W.I.C.		No		
WI	NI		Not specifically, however, through Wisconsin statute S.20.255 (i)(d) aid for handicapped children, funding provided to 31 local education agencies for the operation of school-age mother center	In FY '77-'78, $375,975 was spent as the 70% state match to operate the 31 centers	
WY	Title V P.L. 94-482 (Vocational Education Funds) CETA/YEDPA	School Foundation Program (Homebound/Hospital)	No		

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

	State Agency Staffing Regarding Adolescent Parenthood Programs				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
State	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
AL	No		No		No			No	
AK	No		No		No			No	
AZ	Yes	Shared responsibility of: P.H.N., Maternity Nurse Consultant, Associate Chief of MCH and School Nurse Consultant	Yes	Coordinator of Psychological Services (10%)	No			No	
AR	No		No		No			No, but there is 1 teen on Arkansas Family Planning Council	
CA	No		NR		No			No	
CO	Yes	Maternal Health Nursing Consultant (10%) School Health Nursing Consultant (10%)	Yes	Program Specialist (10%)	No			No	
CT	Yes	Young Parents Program Coordinator (100%)	No		No			None	

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

State	State Agency Staffing Regarding Adolescent Parenthood Program				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
DE	No		Yes	NI	No			Input is not mandated, but could exist if individuals happen to be part of the Family Planning Project Advisory Committee or public hearings on W.I.C.	
DC	No		No		No			No	
FL	Yes	Adolescent Health Program Specialist (50%)	(see Health)		No			No	
GA	Yes	Nursing Program Specialist (10%)	Yes	(2) Social Services Consultants (25%) (One counsels for Preventive Services; another for Adoption.)	Yes	Family Planning Patient Advisory Council	Advises family planning agency regarding services	Yes	Through membership on Family Planning Patient Advisory Council
HI	NR		NR		No			No	
ID	NR		No		No			No	
IL	No		No		NR			Yes	The Department of Education has students involved in the Student Rights Committee. Students are also involved on the Illinois Commission on Children.
IN	No		No		Yes Established by Legislature	Legislative Study Committee	Studies services needed by pregnant teens	Yes	Public inspection of proposed policies vis-a-vis development of AFDC manual

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

State	State Agency Staffing Regarding Adolescent Parenthood Programs				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
IN	No		No		Yes	Council on Adolescent Pregnancy	Encourage regional and local workshops which bring together professional disciplines impacting on the adolescent to increase awareness of problems and assist in development of appropriate services for adolescents. Assist Personal and Family Health Division, Department of Health in carrying out training sessions/meetings.	No	
KS	Yes	MCH Consultant (20%), Health Educator for MCH (20%), School Nurse Consultant (20%)	No		Yes	Kansas Advisory Council on Children and Youth	Formulation of a directory of adolescent parenthood programs in the state and establishment of day care centers for the children of adolescent parents	Yes	Hearings on Kansas State Plan for Special Education

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

State	State Agency Staffing Regarding Adolescent Parenthood Program				State - Level Advisory Committee(s)			Consumer Input to State - Level Policymaking	
	Health		Social Services						
	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
KY	No		Yes (3)	Family Service Specialist in Bureau for Social (5%) a Planner in Programs Development Section; the Supervisor of Family Planning Program in Bureau for Social Insurance.	No			No	
LA	Yes	Medical Director (30%)	No		Yes Established by Joan Hertzberg, the Program Administrator of the Improved Pregnancy Outcome Program.	Improved Pregnancy Outcome Advisory Committee	Deals with maternal and child health concerns some of which are related to teens. It is striving to coordinate services to improve maternal and child health.	No	
ME	No		NR		No			No	
MD	Yes	Chief, Division of Maternal Health and Population Dynamics and Chief, Division of Infant, Child and Adolescent Health (25%)	NR	NR	Yes chaired by Executive Director, Office for Children	Committee on School-Age Parents (under auspices of the State of Maryland Executive Department)	NI	No	

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

	State Agency Staffing Regarding Adolescent Parenthood Program				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
State	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
MA	Yes	Project Director of Adolescent Health (50%)	No		Yes Established by Governor	Governor's Family Life Commission	Studying family life issues-will make recommendations to Governor in fall 1979	No,	but if a policy paper is developed concerning pregnant adolescents or adolescents paren's the State Board of Education requires that a representative from this group take part in the policy paper development.
MI	Yes	Administrator of Improved Pregnancy Outcome (IPO) Program (100%)	No		Not specifically for pregnant adolescents/ adolescent parents, but adolescents may participate in the....	Family Planning Advisory Committee and the IPO Advisory Committee	NI	Yes	Through membership on Family Planning and IPO Advisory committees
MN	No	But Family Planning Unit Supervisor acts as liaison with school-age parent programs	Yes	Service Generalist (10%)	No			No	
MS	No		No		No			No	
MO	No		No		No			No	
MT	Yes	MCH Nursing Consultant (10%) Nutrition Consultant (10%) 2 Health Education Specialists (10%)	No		No			No	

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

State	State Agency Staffing Regarding Adolescent Parenthood Programs: Health		Social Services		State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
NE	No		No		No			No	
NV	No		No		No			No	
NH	No		No		No			No	
NJ	No		No		No			No	
NM	Yes	IPO Project Assistant Director (30%)	No		No			No	
NY	No		Yes	Teen Pregnancy Project Associate	Yes	Task Force on Teenage Pregnancy	Define service needs; identify types of service delivery and gaps in delivery; develop recommendations for government action	No, but the Department of Education is making provisions for their participation in the Adolescent Pregnancy Project Advisory Committee	
NC	No		Yes	NI (10%)	No, but adolescents are members of the....	State Level Committee for Family Planning	NI	No	
ND	Yes	Assistant Director, Family Planning Program	No		No			No	
OH	No		No		No				Could be involved through annual hearings on state W.I.C. plan and semi-annual hearings for Title XX program

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

	State Agency Staffing Regarding Adolescent Parenthood Program				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
State	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
OK	Yes	Adolescent Services Coordinator and Dir., Child Development Services	Yes	Staff Assistant and Programs Supervisor	NR			No	
OR	No		No		No			No	
PA	Not now but sought through IPO grant application	NI	No		No			No	
RI	Yes	MCH Nursing Consultant (25%) Program Planner (20%)	No		No			No	
SC	No		Yes	Family Services Consultant (25%)	No			Yes	Not specified
SD	No		Yes	Social Services Program Specialist III (15%)	No			No	
TN	No		Yes	Program Specialist III (50%)	No			No	

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

	State Agency Staffing Regarding Adolescent Parenthood Programs				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
State	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
TX	No		Yes	Staff Services Assistant, Protective Services Division (10%)	No committee exists but there is a statewide voluntary organization which was developed with the support of several state agencies. The state group is the Texas Association Concerned with School-age Parents (TACSAP)			No	
UT	Yes	Medical Social Worker	NR		Yes, but focus is not exclusively on pregnant adolescents/adolescent parents Established by Gov. Chair--Div. of Health (Family Services Branch)	Family Planning Advisory Committee Composed of several state agencies and parents of adolescents	Forum for discussion of issues vital to continued development of family planning	Incidentally through parents of adolescents' involvement in Family Planning Advisory Council	Advise and support Division of Health in family planning matters
VT	Yes	MCH Administrator (10%)	NR		No			No	

STATE-LEVEL INVOLVEMENT IN ADOLESCENT PREGNANCY/PARENTHOOD ISSUES

	State Agency Staffing Regarding Adolescent Parenthood Programs				State - Level Advisory Committee(s)			Consumer Input in State - Level Policymaking	
	Health		Social Services						
State	Position Exists	Name of Position	Position Exists	Name of Position	Committee Exists	Name of Committee	Activities of Committee	Input Exists	Nature of Input
VA	Yes	Adolescent Service Coordinator	No		Yes	Family Planning Advisory Committee	Advise the Health Department's Bureau of Family Planning regarding family planning services	Yes	Through membership of the Family Planning Policy Advisory Committee
WA	No		No		Yes	Policy Coordinating Council	Brings DSHS and SPI together to address adolescent pregnancy issues. Sponsor conference from time to time.	Yes	Title XX hearings
WV	No		No		No			No	
WI	No		No		No			No	
WY	No		No		No			No	

EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

State	Subject to Compulsory School Attendance	Educational Settings					Educational Setting Preferred by S.E.A.	School Dropouts during 1976 - 77 School Year		
		Regular School (RS)	Special Class (SC)	Special School (SS)	Homebound (H)	Other (O)		Due to Pregnancy	Due to Marriage	Information Not Available
AL	yes	x			x	vocational centers, technical and junior colleges	None			x
AK	yes	x			x	Correspondence study	NR			x
AZ	NR			x	x		SS	NR	NR	NR
AR	yes except when a physician recommends staying at home (Act 80-1501-18)	x	only if handicapped	only if severly handicapped	x		R			x
CA	yes	x	x	x (continuation high sch.)	x		RS and SS			x
CO	yes	Local Option								x
CT	yes	x		x	x		RS, SS and H			x
DE	no	x	x	x	x		SS	149	89	
DC	yes	x			x		RS and H	16		
FL	no	x	x	x	x	x (vocational schs.)	NI			

EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

State	Subject to Compulsory School Attendance	Educational Settings					Educational Setting Preferred by S.E.A.	School Dropouts during 1976 - 77 School Year		
		Regular School (RS)	Special Class (SC)	Special School (SS)	Homebound (H)	Other (O)		Due to Pregnancy	Due to Marriage	Information Not Available
GA	yes	x	x (local system option)	x	x Note: This setting is actually rejected by the Agency in uncomplicated cases of pregnancy.		R			x
HI	yes	x	x	x	x		RS, SC, SS, and H			x
ID	yes	x					RS	270		
IL	yes	x	x	x vocational	x		NR			x
IN	yes	x	x	x	x		All	1,140	1,068	
IA	yes	x	x		x		Any of these			x
KS	yes	x			x		Either			x
KY	No, because they are considered physically disabled.	x	x	x	x		Agency does not prefer any option above others.	Not available	1,265	
LA	yes	x	x	x (Note: only in New Orleans)	x		RS	Not available	1,702	
MD	x	x		x	x		NI	NI	168 females 13 males	

EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

State	Subject to Compulsory School Attendance	Educational Settings					Educational Setting Preferred by S.E.A.	School Dropouts during 1976 - 77 School Year		
		Regular School (RS)	Special Class (SC)	Special School (SS)	Homebound (H)	Other (O)		Due to Pregnancy	Due to Marriage	Information Not Available
ME	yes	x	x	x	x		No preference			x
MA	yes	x	x		x	Prison schools for adolescent prisoners	RS and H			x
MN	yes	x	x		x		RS	123	298	
MI	yes	x		x	x		RS and SS			
MO	yes	x	x		x		RS	727	1127	
MS	yes	x	x	x	x		No official preference	748	594	
MT	yes	Local Option					NI			x
NE	yes	x	x		x		No preference	164	165	
NV	yes	x	x	x	x		NI			x
NH	yes	Local boards of education decide						45	69	
NJ	yes	x	x	x	x	Private schools, Adjusted Program (AP)	RS and AP	286		
NM	yes	x		x			RS	198	399	

EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

State	Subject to Compulsory School Attendance	Educational Settings					Educational Setting Preferred by S.E.A.	School Dropouts during 1976 - 77 School Year		
		Regular School (RS)	Special Class (SC)	Special School (SS)	Homebound (H)	Other (O)		Due to Pregnancy	Due to Marriage	Information Not Available
NY	yes	x	x	x (BOCES)	x	Adult Continuing Edn.	RS and SS			
NC	yes	x	x	x	x		NI			x
ND	yes	x	x		x		RS	55	71	
OH	yes	x	x	x	x		NI			x
OK	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OR	yes	x	x	x	x		NR			x
PA	yes (Unless physician certification points out that mental, physical or other urgent reasons including care of the baby exist.)	x		x			RS			x
RI	yes	x	x	x	x		RS	31		
SC	no	x	x	x	x		Local option	361	594 (male and female)	
SD	yes	x	x		x		Any of these			x
TN	yes	x	x	x	x		RS,SS,H			x
TX	yes	x	x	x	x		Endorses all of these options			x

EDUCATION OF PREGNANT ADOLESCENTS AND ADOLESCENT PARENTS

State	Subject to Compulsory School Attendance	Educational Settings					Educational Setting Preferred by S.E.A.	School Dropouts during 1976 - 77 School Year		
		Regular School (RS)	Special Class (SC)	Special School (SS)	Homebound (H)	Other (O)		Due to Pregnancy	Due to Marriage	Information Not Available
UT	no	x	x	x	x		No preference	69	379	
VT	yes	x			x	Small group settings within the home or community (SG)	SG			x
VA	yes	x	x	x	x		RS, or SS			x
WA	yes	x	x	x	x		NI			x
WV	yes	x	x	x	x		Individual student's choice	344	650	
WI	yes	x	x	x	x		NI			x
WY	yes	x	x	x			RS			x

SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision: Within State Guidelines	Local Decision: Upon State Approval	Local Decision: No State Restrictions	Requirement for Special Professional Preparation	Grade Level(s)
AL	D	S	Health Education			x	None	1-6 and 10-12
AK	D	NI				x	None	K-12
AZ	D	R	Not a separate course	x	x		None	K-8
AR	D	NI	Home Economics or other subject areas			x	None	
CA	D	S, P	Family Life & Health Education (sex education is optional part of required health curriculum)	x			One unit of health education	K-12
CO	D	S	Health and Survival Education (but sex education is not a required part).			x but State Board of Education recommends that each LEA establish policies and guidelines concerning instruction of controversial issues	None	K-12
CT	D	P	Home Economics			x	None	Middle and senior high school
DE	D (but physiology and hygiene are required in elementary school and a comprehsensive health program is required in middle and senior high school)	P	Family Life and Personal Living (part of Health Curriculum)			x but sex education guidelines are provided if locals choose to follow them	None	Physiology and hygiene in elementary; comprehensive health in middle and senior high school

KEY

NI- not indicated
S - statutes M - mandated
R - regulation D - discretionary (local decision)
P - policy P - prohibited

SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision			Requirement for Special Professional Preparation	Grade Level(s)
				Within State Guidelines	Upon State Approval	No State Restrictions		
DC	M	P	Human Sexuality and Reproduction	x	x		None	Pre K-12
FL	D	P	NI	x			None	NI
GA	D	NI	In Health Education Family Living, Personal Growth and Human Sexuality (Part of *Building a Better You, A Guide for Health Education*. Grade 7-12.			x	x - Certification in Health Education	Grade 5 or above
HI	D	NI	Health Education			x	None	K-12
ID	D	S	Family Life and Sex Education	x			None, but special training is being considered	Elementary thru high school
IL	D	P (now being revised)	NI			x	None	NI
IN	D	No Policy	NI			x	None	NI
IA	D	P	Integrated with other courses	x			None	K-12
KS	D	P		x			Certified teacher	NI

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SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision			Requirement for Special Professional Preparation	Grade Level(s)
				Within State Guidelines	Upon State Approval	No State Restrictions		
KY	D	(No specific sex education policy)	-Career Education (includes family life education and is mandated at all levels of instruction) -Parenthood Education (must be included in home ecomonics programs at junior and senior levels as required by Plan for Vocational Education -Health courses, which are required for graduation from high school, usually include a unit of preparation for marriage and parenthood	x x			None	NI
LA	D	S	Sex Education	x			None	NI
ME	D	NI	Health			x	NR	NI
MD	M	S	Family Life & Human Development	x			Not specifically although the programs are to be initiated only after teachers are carefully selected "according to established criteria and educationally prepared for the assignment."	K-12

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SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision			Requirement for Special Professional Preparation	Grade Level(s)
				Within State Guidelines	Upon State Approval	No State Restrictions		
MA	D	S	NI	x (an advisory committee must be formed)			None	Local option
MI	D	S	Health or other subject areas	x			Inservice training or college course work	K-12
MN	D	P	Family Life and Sex Education	x			None	K-12
MS	D	None	Home Economics			x	None	Elementary (pilot programs) Middle/junior high school High school
MO	D					x	None	NI
MT	D	NI	Health Education	x			None	K-12
NE	D	P	Health and Family Life Education	x			Must meet criteria for health educators, must be married.	Not prior to 7th grade
NV	D	S, Position Paper	Health; other courses or units on human reproduction, related communicable diseases and sexual responsibility	x			Encouraged but not required by state	local option
NH	D	P	Comprehensive Health Education	x			None	K-12 for health; middle-high school for sex education part of health curriculum

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SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision			Requirement for Special Professional Preparation	Grade Level(s)
				Within State Guidelines	Upon State Approval	No State Restrictions		
NJ	M	P	Health Education (Family Life Education unit)	x			NI	K-12
NM	D	P	Family Life and Personal Development (part of health education or home economics)	x			None, but criteria for selection are suggested and inservice training is recommended	Middle school-12
NY	D	NI	Health Education	x		None		K-12
NC	D	P	Family Living and other courses (integrated into total school program)	x			None	K-12
ND	D	P				x	None	K-12 pilot program
OH	D	P	Health Education	x			Certification in Health Education	K-12
OK	D	R	Family Life Education	x			Not specified	
OR	D	NI	Human Growth and Development			x	None	Elementary and middle school
			Family Life or Parenthood Education					High school
PA	D	**OTHER** Guidelines for Sex Education which are available to help in the formulation of local programs.	NI			x	None	NI

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SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision			Requirement for Special Professional Preparation	Grade Level(s)
				Within State Guidelines	Upon State Approval	No State Restrictions		
RI	D	NI				x	None	NI
SC	D	NI	Family life/sex education			x	None	NI
SD	D	No policy	Sex education is included in the health education curriculum which is being pilot tested this year. After revision from the pilot test, it will be available to all local districts			x	None	K-12
TN	D	S	Sex Education		x if a separate course. However, sex education may be included in other courses without state board approval		As determined by local school board	NI
TX	D	None	NI			x (Note. LEAs are required by the Texas Education Agency to offer instruction in physiology and hygiene)	None	NI
UT	D but Health Education is required	P	Health Education	x			None	K-12 (required in in junior and senior high)

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SEX EDUCATION

State	State Authorization (M, D, or P)	Statute, Regulation, or Policy (S, R, or P)	Name of Course(s) (if specified)	Local Decision: Within State Guidelines	Local Decision: Upon State Approval	Local Decision: No State Restrictions	Requirement for Special Professional Preparation	Grade Level(s)
VT	D	S	Health Education is required (sex education is optional)				Only for health education instructors (not sex education instructors)	All levels
VA	D	NI	Can be a part of any appropriate course	x	x		None	K-12
WA	D	P	Health program in elementary school; in health, science and home economics programs in middle/junior high school and high school	x			Not required but suggested	Elementary through high school
WV	D	None	NI			x	None	NI
WI	D	S	Family Consumer Education, (It is up to the LEA to decide which course or courses will include instruction related to the responsibility and morality of family living)	x				K-12 in terms of conceptual development but required to be addressed in high school classes
WY	D	NI	NI			x	None	NI

KEY

S - statutes	NI- not indicated
R - regulation	M - mandated
P - policy	D - discretionary (local decision)
	P - prohibited

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/ Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
AL	S	x	x		x	14 years or older			
AK	R						x		
AZ	Attorney General Opinion and S	x					x		
AR	R						x		
CA	S						x		
CO	S, P		x		x	Referred by another physician, clergyman, family planning clinic, school, or state agency; person requests and is in need of services			The Department of Health provides family planning services to minors but has a policy whereby it is preferred that parental consent be obtained for services to unmarried minors.
CT	(see comments)						x		There are no laws or state policies regarding parental notification/consent for services to minors. Federal regulations are followed.

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
DE	S							x (if over age 12)	
DC	NI						x		
FL	S		x		x	x may, in the opinion of the physician suffer probable health hazards if services are not provided		x	
	P						x		Physician must make every effort to have parental consent/involvment, but if minor refuses or parent cannot be contacted, physician must document circumstances preventing parental consent
GA	S						x		
HI	S, P						x		
ID	NI						x		
IL	S		x		x	If failure to provide services would create a serious health hazard or when adolescent is referred for services by a physician, member or the clergy or a Planned Parenthood agency.			

MINOR'S CONSENT FUR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
IN	S							N	
IA	S						x		
KS	NI						x (some counties)	x (some counties)	A few counties require parental consent.
KY	S						x		
LA	S						x		
ME	NI					x			If physician judges it is in the best interest of the adolescent.
MD	S						x		
MA	P						x (Health)	x (Welfare)	
MI	NI						x		
MN	S		x	x	x		x for pregnancy tests and treatment		A minor who consents for health services thereby assumes financial responsibility for the cost of such services.
MS	S		x		x	Referred by a physician, clergyman, family planning clinic, school of higher learning or state agency.			

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/ Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
MO	NI		x		x		x for pregnancy tests		Anyone may consent for pregnancy testing. However, the Health Divison has an unwritten policy requiring that the parents of unmarried minors consent for contraceptive services for the adolescents.
MT	S		x	x	x	Graduated from high school			A treating physician or other health professional may but is not obligated to inform the parents of a minor of any treatment given or needed.
NE	Federal Policy (Title X)						x		
NV	S, P		x	x	x	x in danger of suffering a serious health hazard if services are not provided			An Attorney general's opinion states that the state statute which requires parental consent must defer to federal regulations which prohibit such restrictions. On the basis of this opinion, the Division of Health has instructed service providers to suggest, but not require parental notification

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
NH	NI						x		
NJ	Local option						x Some family planning clinics do not require consent.	x Some family planning clinics require consent.	
	S		x		x				
	P						x		Department of Human Services policy
NM	P						x		However, some physcians require consent of a parent.
NY	NI						x		
NC	S						x		
ND	S							x	
OH	P						x		

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
OK	S		x	x	x	-graduated from high school -is emancipated -any spouse of a minor when the minor is unable to give consent by reason of physical or mental health -have served in the Armed forces			
OR	S						x		
PA	S		x		x	-If 18 or older -If graduated from high school			
RI	P (Health)							x	
	R (Department of Social and Rehabilitative Services)						x		DSRS supplies counseling and referral only
SC	S					Persons under 16 may receive family planning services if a physician deems it to be in their best interest.	x (if over 16)		If a parent is filling out an application for Title XX services as head of household, the parent is aware and must give consent for service provision.

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
SD	P						x		
TN	S		x		x	Referred by another physician, a clergyman, a family planning clinic, school of higher learning, or state agency or if minor requests and is in need of services.			
TX	P	x	x	x	x		x Under any circumstances when services are provided under Titles XIX and XX.		
UT	P						x Except notification of parent or husband if minor requests abortion (Legislative response)	x (Health response)	

MINOR'S CONSENT FOR FAMILY PLANNING INFORMATION/SERVICES

State	Statute, Regulation, or Policy (S, R or P) Not Indicated (NI)	Without Parental Notification/Consent						Only with Parental Notification/Consent (N or C)	Comments
		If sexually active	If pregnant and/or parent	If living separate and self supporting	If was or is married	Other	No restrictions		
VT	NI						x		
VA	R	x							
WA	P						x		
WV	P				x	Otherwise emancipated			
WI	P						x The policy states that unemancipated minors should be encouraged to consult with their parents whenever possible with respect to such services.		
WY	S						x		

ALABAMA - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Alabama, a statute and agency regulations provide a framework for the delivery of services to minors. A state statute (Public Health Laws of Alabama, Annotated, Title 22, Chp. IC, Section 104 (15-18)) allows minors 14 years or older to give effective consent for medical or health services. In addition, it allows any minor to give effective consent for medical and health services to detect and treat pregnancy and venereal disease.

Alabama Medicaid Regulations allow all eligible clients to receive family planning information and services. The Department of Pensions and Security has developed an action statement which includes the goals of strengthening and expanding homemaker services for children and protective services for children; providing quality maternity care including more opportunities for residential maternity care and better follow-up services; and expansion of the Department of Health's six-county project aimed at reducing teenage pregnancy and infant mortality.

The Department of Education reported that pregnant adolescents/school-age parents are subject to compulsory attendance laws. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound classes, area vocational centers, and technical/junior colleges. The Department prefers the regular classroom location; however, each local school district handles these students according to their own board policies and programs. In the Department's new policies and procedures manual on special education, a section states that only those girls who have complications before or after birth are eligible for homebound services. If no complication exists, these girls can attend regular education classes (Regulation No. 24).

Act 853 which was passed in 1978 mandates that a Family Life unit (which could include sex education) be taught as part of the Comprehensive Health Plan. Health education is already required in grades 1-6. By 1982-83 an approved one semester program will be required. Home Economics has units on Family Living and Human Development which include sex education as an area of study. Program plans to provide inservice training and curriculum materials on teenage pregnancy are being developed by Home Economics.

COLLABORATION: There are several collaborative efforts between agencies. The Departments of Health (MCH) and Education collaborate on the development of a Family Life Education curriculum which includes sex education. MCH and FP Divisions also collaborate with the Department of Education to discuss appropriate funding of local education agency efforts relative to pregnant teens. The Department of Education and the State Health Planning and Development Agency and the Health Systems Agencies work to implement education programs, arrange clinical experience for Health Occupations Students of America and to cooperate with regulator boards and licensure agencies. The Departments of Health and Pensions and Security collaborate on assessing service and program efforts which would help reduce teenage pregnancy and infant mortality.

STAFFING: The Departments of Health, and Pensions and Security have not assigned anyone with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents/adolescent parents do not participate in the state-level policymaking process.

FUNDING: Funding for services for pregnant adolescents and adolescent parents comes from federal sources with matching funds provided by the state. Federal funding sources include: Titles V, X, XX, and IV-B.

HIGHLIGHTS: The climate for provision of services to pregnant adolescents/adolescent parents in Alabama is facilitated by a statute, agency program plans, and interagency collaboration. Adolescents 14 or older may receive contraceptive services, and all minors may receive pregnancy testing services (Public Health Laws of Alabama, Title 22, IC.104). The Department of Health funds a 6-county project aimed at reducing teenage pregnancy and infant mortality, and the Department of Pensions and Security assists in evaluating service and program efforts. The Department of Education, in collaboration with the Department of Health, developed a required health education curriculum (including a family life unit which could encompass sex education) in grades 1-6. The Home Economics Division has developed units on family living and human development which include sex education, and is working on inservice training plans and curriculum materials on teenage pregnancy.

ALASKA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no state statutes which specifically focus on pregnant adolescents/adolescent parents in the state of Alaska. Two statutes, however, provide a general framework for health services to minors. SLA 09.65.100 allows any minor to consent for pregnancy diagnosis, prevention or treatment and allows minor parents to consent for all medical services. SLA 11.15.060 requires parental consent for abortion services for unmarried minors.

The Division of Social Services has a policy (F.P.S.1.2) which allows family planning support for all Alaskans without regard to age, income or marital status. F.P.S.4.0 allows family planning services to be provided to minors without parental notification but requires parental notification/consent for a minor to receive an abortion. Another Division of Social Services policy (C.P.S.2.1.1) is more specific to pregnant minors, providing for counseling for pregnant minors and stating that the final decision regarding the pregnancy rests with the minor. The social service worker is authorized to determine whether or not it would be helpful to involve the girl's parents in counseling.

The Division of Public Health has no policies regarding pregnant adolescents/adolescent parents, but it has program plans in place to serve this population.

The Department of Education requires that pregnant adolescents/adolescent parents comply with compulsory school attendance laws. Educational settings for these students include the regular school, homebound instruction and correspondence study. There is no state-level policy regarding sex education, although the Department does provide a curriculum guide for local use which includes sex education at K-12 levels. The state does not specify training requirements for sex education instructors.

COLLABORATION: There are no formal collaborative efforts between state agencies, although the Division of Health indicated it collaborates with other agencies through the local Public Health Nurses.

STAFFING: No state agencies have assigned staff persons with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There is no state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents/adolescent parents or their parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding were identified for services specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs.

HIGHLIGHTS: The climate for provision of services to pregnant adolescents/adolescent parents in Alaska is facilitated by a statute and an agency program plan. Any minor in Alaska may receive contraceptive and pregnancy testing services (SLA 09.65.100). Sex education is not required in school, but the Department of Education provides a curriculum guide for local use which includes sex education at K-12 levels. Through this statute and program plan, the agencies are addressing the needs of pregnant adolescents/adolescent parents.

ARIZONA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Arizona which specifically relate to pregnant adolescents/adolescent parents. However, two statutes provide a framework for health services to minors. ARS 36-125.04 allows family planning services and supplies to be provided for individuals of childbearing age, including minors who can be considered to be sexually active. Since federal law (Titles V, X, XIX and XX) requires the state to provide family planning services to minors without requiring parental consent and since no Arizona law requires parental consent for nonsurgical medical procedures, it is not unlawful for physicians to deliver family planning services to minors without parental consent. ARS 44-132 states that any emancipated minor or any minor who is lawfully married may give consent to the furnishing of hospital, medical and surgical care, without the requirement of parental consent. In addition, Attorney General Opinion 77-37 (R76-472) of February 11, 1977, states that there is no Arizona law which prohibits the delivery of contraceptive services to unemancipated minors.

The Department of Health has a policy assuring that W.I.C. services be provided to adolescents at the county level. No age requirement is specified. Beginning October 1, 1979, the state will require county health agencies to increase the percentage of Title V family planning services offered to adolescents under age 19. This requirement, although not a written state policy, will be included in the state's contracts with each county health agency.

The Department of Economic Security reported an action statement and program plans (Adolescent Parenting Center Basic Information Manual, and Training Manual) have been developed with respect to pregnant adolescents/adolescent parents. The two manuals provide an overview of the history and problems associated with adolescent pregnancy and parenthood and provide guidelines for program design for the pilot Adolescent Parenting Center located in Maricopa County (Phoenix). This 3-year project, funded by HEW's Center for Child Abuse and Neglect from October 1, 1978 - September 30, 1981, will be continued with funds from state and county health and welfare agencies when the grant is completed.

Educational settings for pregnant adolescents/adolescent parents include alternative high school (preferred by the Department of Education) and homebound instruction. A state statute (ARS-15-1011 3d) and an agency policy (Special Education Conditions and Standards Relating to Identification and Placement, Arizona Department of Education 5.05b(4) Placement) both define a "homebound" special education student as one "who is capable of profiting from academic instruction but is unable to attend school due to ...pregnancy..." Therefore special education funds can be used to provide homebound instruction for pregnant adolescents.
Title 7 of the Administrative Rules and Regulations of the Arizona State Board of Education, which delineates Sex Education Guidelines for the Common Schools (grades K-8), has general application to pregnant adolescents/adolescent parents. The requirements state that sex

education may not (1) be taught as a separate course, (2) exceed six lessons, or (3) supplant the state adopted health course of study. Approval of this course supplement must be received from the State Board of Education and parents must request that their child(ren) receive this instruction. In high schools, sex education may be taught as a separate course. It may not substitute for a course in Health Education, or include the teaching of specific acts and practices. Approval for this course must be received from the State Board of Education.

COLLABORATION: There is no formal collaboration among state agencies regarding adolescent pregnancy and parenthood issues.

STAFFING: The Department of Health has not assigned a person with specific responsibility to work on adolescent parenthood program development. Rather, it is the shared responsibility of four individuals: the P.H.N. Consultant, the Maternity Nurse Consultant, the Associate Chief of MCH and the School Nurse Consultant. There is one staff person in the Department of Economic Security who spends 10% of the time on adolescent pregnancy and parenthood issues; the title of this position is Coordinator of Psychological Services.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents or their parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as W.I.C., Title V, Title XX, HEW's National Center for Child Abuse and Neglect, P.L. 94-482 (Vocational Education - Home Economics, Day Care, Adult), and P.L. 94-142 (Special Education - Homebound).

HIGHLIGHTS: The climate for the delivery of services to pregnant adolescents/adolescent parents in Arizona is facilitated by a statute and an attorney general opinion, and agency plans and staffing. Adolescents may receive family planning services (ARS 36-125.04 and Attorney General Opinion 77-37 [R76-472]). Beginning October 1, 1979, the Department of Health will require county health agencies to increase the percentage of Title V family planning services offered to adolescents under age 19. The Department of Economic Security has developed program plans for the HEW-funded Adolescent Parenting Center in Maricopa County. The State Board of Education has developed sex-education guidelines for grades K-8 and approval requirements for high school sex education courses. Four staff members in the Department of Health share responsibility for adolescent parenthood program development, and one staff person in the Department of Economic Security spends 10% of the time on adolescent parenthood issues.

ARKANSAS - STATE POLICY ANALYSIS

STATUTES/POLICIES: While there are no statutes in Arkansas which specifically relate to pregnant adolescents/adolescent parents, two statutes provide a general framework for health services to minors. Statute 82-363 allows any female, regardless of age or marital status, to consent to any medical or surgical treatment except abortion for herself when in connection with pregnancy or childbirth, and Act 235 of 1973 permits provision of contraceptive procedures regardless of age. In addition, an Attorney General Opinion (February 22, 1978) reaffirms the right of a minor female to consent to any medical treatment in relationship to pregnancy, and the Department of Health's Teen Family Planning Manual assures the provision of family planning information and services to teens.

Specific program objectives for this population are contained in the Department of Health's Adolescent Maternity Clinic objectives. The Clinic provides a comprehensive program for pregnant women 15 years of age or younger and is operated by the University of Arkansas Department of Obstetrics, the Arkansas Children's Hospital Specialty Clinic, and the Department of Health.

The Division of Social Services has no policies in place with respect to pregnant adolescents/adolescent parents.

The Department of Education requires that pregnant adolescents/ adolescent parents through the age of 15 comply with compulsory school attendance laws, except when a physician recommends staying at home (Act 80-1501-18). An Attorney General Opinion (December 11, 1970) states that marriage is not a sufficient reason to deny a student the right to participate in school activities. Settings where educational services are offered to pregnant adolescents/adolescent parents are in the regular school, homebound class, special class if handicapped, and special school if severely handicapped. The Department of Education prefers the regular school setting and rejects the special school setting unless the adolescent is severely handicapped.

The Department of Education does not have a policy in regard to sex education in the public schools. Local schools' curriculum requirements may include sex education at the middle school/junior high school and senior high school levels through Home Economics or other subject areas. There are no special training requirements for sex education instructors.

COLLABORATION: The Department of Health collaborates with the Division of Social Services and the Department of Education on the Family Planning Board, primarily for the purpose of developing a proposal for Title VI funding. The Health Department also collaborates with the University of Arkansas, Department of Obstetrics and the Arkansas Children's Hospital Specialty Clinic in providing clinic support and patient delivery.

STAFFING: The Department of Health and the Division of Social Services have assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There is no state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents/adolescent parents are not involved in the state-level policymaking process, but there is one teenager on the Arkansas Family Planning Council.

FUNDING: No categorical sources of funding were identified for services specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal categorical programs such as Title XX and through state general revenues.

HIGHLIGHTS: The climate for provision of services to pregnant adolescents/adolescent parents in Arkansas is facilitated by statutes, an agency program, interagency collaboration, and the involvement of an adolescent on the state Family Planning Council. All minors may receive family planning services (Statute 82-363 and Act 235). The Department of Health funds an adolescent Maternity Clinic which provides comprehensive services for pregnant women 15 years of age or younger. The Department of Health, Division of Social Services, and Department of Education are collaborating to develop a proposal for Title VI funding. Although pregnant adolescents/adolescent parents are not involved in the state level policymaking process there is one teenager on the Arkansas Family Planning Council which gives evidence of the Department of Health's commitment to involving adolescents in the planning of services.

CALIFORNIA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There is one statute in California which has specific application to health services for pregnant adolescents and there are two statutes which provide a general framework for health services to minors in the state.

The Welfare and Institutions Code, Section 16145, provides for maternity homes for unmarried persons under 21 years of age, at no expense to the parents. The Civil Code, Sections 25.6 and 34.5 state that married minors, or those whose marriages have been dissolved, have the right to hospital or medical care related to pregnancy, abortion and contraception without parental knowledge or consent. Effective January 1, 1976, unmarried minors may also give consent to the furnishing of hospital, medical and surgical care related to the prevention or treatment of pregnancy, and such consent shall not be subject to disaffirmance because the person is a minor (Civil Code Section 34.5).

The Department of Health and Welfare reported that Medi-Cal regulations apply to minors during and after pregnancy. According to the Department of Social Services, AFDC regulations also apply to eligible pregnant adolescents/adolescent parents.

The Department of Education reported a law, Education Code, Section 8390, Article 7, which specifically addresses the needs of adolescent parents. The law, Infant Care and Development Services, authorizes the Superintendent of Public Instruction to enter into agreements with local education agencies for the establishment of infant care and development services and the training of students in their role as parents. The Department's rules and regulations include Title 5, Administrative Code, Article 5, Standards for Special Day Classes for Pregnant Minors, which describes provisions for special classes for pregnant students; and Education Code, Chapter 3, Sections 18140-18174, School-Age Parenting and Infant Development Programs which implements Section 8390-97 described above. The Department also reported program plans which include: the School-Age Parenting and Infant Development Program; a Health Instruction Framework for California Public Schools; and the 5-year State Plan for Vocational Education.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (Education Code of California, Section 48200). Educational services are offered to pregnant adolescents/adolescent parents in regular classes, homebound programs, special classes (off school site) and continuation high schools.

The Department of Education has a policy requiring family life and health education in grades K-12 (State Board of Education resolution (12/15/72), Education Code 8506, and Title 5, Administrative Code, Article 6, Sex Education Courses). Sex education is part of this program; however, it is up to local governing boards when and if it is to be offered. Instructors in sex education must have one unit of health education for certification.

COLLABORATION: The Departments of Education, and Health and Welfare collaborate on the Interagency Council for Children and Youth and on development of Family Life and Health Education programs. The Department of Education collaborated with the state legislature on the California Task Force on Positive Parenting: Recelebration of the Family (a series of 1-day conferences to raise awareness of parenting education and parenting educators.)

STAFFING: The Department of Health and Welfare has not assigned staff with specific responsibility for adolescent parenthood program development. The Department of Social Services did not indicate whether or not such a staff position exists.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: Two programs in California deal specifically with services to pregnant adolescents and adolescent parents:

1. The High School Infant Care and Development Services program is administered by the Office of Child Development, State Department of Education. The 1978 funding level was $2,714,336 and the program served 510 children. Services include group care for infants of school-age mothers; parenting, child development and family planning education for parents and other students on an elective basis; and health screening and treatment for infants.

2. The Pregnant Minors Program, a subsection of programs for phsycially handicapped pupils, is administered by the Office of Special Education, State Department of Education. The 1978 funding level was $6,743,731 and the program served 2,487 pupils. Services include continuation high school classes and parenting education for pregnant students.

Pregnant adolescents/adolescent parents also receive services as part of other federal and state categorical programs such as Titles V, X, XIX, and XX; W.I.C., CETA, AFDC, Vocational Education, the Child Health Disability Prevention Program, rural health programs, programs for developmentally disabled persons, Children's Services, adult education and the Expanded Nutrition Education Program.

HIGHLIGHTS: In California, service delivery to pregnant adolescents/adolescent parents is facilitated by statutes, resolutions and program plans. Family planning services are available to all adolescents without parental notification or consent (Civil Code, Section 34.5). State law authorizes and provides funding for the establishment of infant care and development services and for parenting classes for pregnant students. A health instruction framework for California public schools has been developed by the Department of Education as authorized by a State Board of Education resolution. The framework requires health education, with an optional sex education unit, in grades K-12. The Departments of Education, Health and Welfare, and the state legislature have collaborated in several efforts on behalf of pregnant adolescents and adolescent parents.

COLORADO - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Colorado which specifically relate to pregnant adolescents/adolescent parents. However, two statutes, CRS 25-6 and CRS 13-22-105, provide a general framework for health services to minors. CRS 25-6-102 states that, "All medically acceptable contraceptive procedures, supplies and information shall be readily and practically available to each person desirous of the same regardless of sex, race, age, income, number of children, marital status, citizenship or motive." The law also stipulates that no unmarried person under 18 years of age may consent to permanent sterilization procedures without the consent of a parent or guardian. In addition, CRS 13-22-105 stipulates that, except for sterilizations, physicians may furnish birth control procedures, supplies and information to any minor who is pregnant; or a parent; or married; or who has the consent of his parent or legal guardian; or who has been referred by another physician, clergyman, family planning clinic, school or institution of higher education or any agency of Colorado; or who requests and is in need of such procedures, supplies or information.

The Family Health Service Division of the Department of Health reported that parental consent is preferred but not required by the Department in order for unmarried adolescents to receive contraceptive and abortion services. Information on family planning is provided to adolescents without restriction (Department of Health Regulations, Part 2, 13-22-105).

The Department of Social Services reported there are no policies which deal with adolescent pregnancy and/or parenthood.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. (Colorado Revised Statutes 22-33-101-9 requires that every child aged 7-16 attend school). Educational settings for pregnant adolescents/adolescent parents are entirely at the discretion of local education agencies. The State Board of Education has no policy on sex education but does recommend that each school district establish a clear-cut statement of policy and administrative guidelines concerning the instruction of controversial issues (State Board Policy 1431, Controversial Issues). CRS 22-25, the Colorado Health and Survival Education Act, creates a comprehensive health and survival education program for children and youth in kindergarten and grades 1-12. However, sex education is not required as a part of health and survival education. The SEA does not have certification endorsements for instructors in sex education.

COLLABORATION: The Department of Health collaborates with the Department of Social Services to provide teen family planning services and to develop an adolescent pregnancy plan. The School Health Nursing Consultant for the Department of Health collaborates with Department of Education on school-age parent programs.

STAFFING: The Department of Health (Family Health Service) has two persons who each spend 10 percent of their time working with adolescent parenthood program development. The individuals have been assigned this responsibility since the inception of the positions. The titles of the persons so assigned are: Maternal Health Nursing Consultant (1972) and School Health Nursing Consultant (1974). There is a Program Specialist in the Department of Social Services who spends 10% of the time working on adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents or their parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, XX and the migrant program.

HIGHLIGHTS: The climate for the delivery of services to pregnant adolescents/adolescent parents in Colorado is facilitated by a state statute, agency staff positions and interagency collaboration. All adolescents in Colorado may receive contraceptive services upon request (GSR 25-6-102). The Department of Health has two staff persons who spend part of their time (10% each) and the Department of Social Services has one staff person who spends part of the time (10%) working on adolescent parenthood program development. The Departments of Health and Social Services collaborate to provide teen family planning services and to develop an adolescent pregnancy plan. The Departments of Health and Education collaborate regarding school-age parenthood programs.

CONNECTICUT - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Connecticut which specifically relate to pregnant adolescents/adolescent parents. Family planning services are provided to minors without parental notification or consent in accordance with federal regulations. A Department of Social Services policy has specific application to pregnant adolescents/adolescent parents. It states that AFDC-eligible high school students may receive day care services for their child(ren) during the hours that they are in full-time attendance in high school. A general framework for Medicaid for minors is provided by the Department of Social Services Manual, Vol. 3, Supplement D-2, which provides for medical assistance for medically needy persons under 21 years of age who receive Protective Services, Protective Supervision, services under the Unmarried Mothers Program, or who are non-committed children under the Department's Services Program.

The Department of Health provides partial funding for eight Young Parents Programs in the state.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. A State Board of Education policy (JFE/JFF) prohibits discrimination against students because of pregnancy or marriage and stipulates that local school districts may provide special classes or homebound instruction for pregnant students as part of the special education program. The Connecticut State Regulations, Section 10-76, spell out conditions under which an LEA must provide a special class or make other educational arrangements for handicapped students. Homebound instruction may be provided for pregnant or post-partum students, with recommendation from the student's physician as to when and for how long home instruction would be in the best interest of the child.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, and special school. The Agency prefers that services be rendered in any of the three locations.

Sex education is not required by the Department. However, the State Board of Education has a policy (IGAH/IGAI) on Family Life/Sex Education which states that "It is important to transmit to students not only the physiological and biological facts of the reproductive process, but also the more important psychological, social, and ethical implications of sexuality...." The Agency's curriculum guidelines include sex education at the middle school and the senior high school levels through home economics. The Agency does not require special training for instructors of sex education programs.

COLLABORATION: The Vocational Education - Home Economics Unit of the Department of Education collaborates with the Department of Health as a member of the State Advisory Committee on Women-Infant Care-High Risk as it relates to the needs of pregnant adolescents, adolescent parents and/or their children. The Departments of Health, Education, Children and Youth Services and Social Services, and the Office of Day Care are represented on the Day Care Council, which serves as an advisory body to state agencies responsible for day care policymaking and licensures and which serves as a forum for the discussion of current issues regarding day care.

STAFFING: The Department of Health has a staff person who spends 100% of his/her time working with the Young Parents Programs throughout the state. The title of the position is Young Parents Program Coordinator. The Department of Social Services has not assigned a staff person with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as W.I.C. Title V, Title XX, and P.L. 94-142 (legislation for handicapped persons).

HIGHLIGHTS: In Connecticut, the climate for delivery of services to pregnant adolescents/adolescent parents is facilitated by agency policies, programs and staffing, and interagency collaboration. Family planning services are provided to minors (in accordance with federal regulations). According to a Department of Social Services policy, day care is provided for children of AFDC-eligible high school students while they are attending classes. Eight Young Parents Programs are partially funded by the Department of Health. A policy and curriculum guidelines on Family Life/Sex Education have been developed by the State Board of Education and the Department of Education. Interagency collaboration occurs between the Departments of Education and Health on High-Risk Women-Infant Care and among the Departments of Health, Education, Children and Youth Service, and Social Services and the Office of Day Care on the Day Care Council (advisory body to state agencies responsible for day care policymaking). The Department of Health has appointed a full-time Young Parents Program Coordinator.

DELAWARE - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Delaware which specifically relate to health care for pregnant adolescents/adolescent parents, there is one statute which provides a general framework for health services for minors. Delaware Code Section 708(a), Chapter 7, Title 13 states that a minor 12 years of age or older may consent for diagnostic, preventive, lawful therapeutic procedures, medical or surgical care and treatment (except abortion) if she professes to be pregnant or to be exposed to the chance of becoming pregnant.

More specifically, the Family Planning Unit of the Division of Health has developed a Teen Services Plan focusing on prevention of adolescent pregnancies through outreach programs, a male education project and inservice workshops for teachers and administrators.

The Division of Social Services has rules and regulations (not specified) and program plans (Title XX State Plan) which have general application to pregnant adolescents/adolescent parents.

According to the Department of Public Instruction, pregnant adolescents/adolescent parents are not subject to compulsory school attendance laws. The Delaware Code, Section 2706, Title 14, defines student pregnancy as a "necessary and legal absence" from school. The law allows but does not require pregnant students to remain in regular school or to attend authorized programs for pregnant students such as the Delaware Adolescent Program, Inc. (DAPI). A State Board of Education policy reiterates this law; another State Board policy delineates conditions under which a pregnant student may be eligible for supportive instruction. A Department of Public Instruction policy statement delineates eligibility requirements, readmittance procedures, educational provisions, funding and comprehensive services provisions for programs for pregnant students. Rules and Regulations for specific services to pregnant adolescents/adolescent parents are contained in the Delaware School Nurse Handbook which has a section on Pregnancy Screening outlining procedures for screening for pregnancy in the schools, referring suspected pregnancies to appropriate physicians and/or agencies for medical attention, and referring girls to appropriate clinics or agencies for counseling.

Services are offered to pregnant adolescents/adolescent parents in regular schools, homebound programs, special classes and special, self-contained schools (such as DAPI). The Department of Public Instruction prefers that services be rendered in the special schools.

Although health education is required by the Department of Public Instruction in elementary grades through high school and sex education is part of the suggested health education curriculum (Family Life and Personal Living), the Department does not require sex education in the public schools. If the LEA decides to include sex education in its curriculum, the Department recommends that sensitive topics be limited to small group discussions, that all material and resource persons be screened and approved by the school administration, and that persons from outside agencies be used as consultants to assist in materials preparation and in making presentations. Instructors of sex education are not required by the Department to have special training.

COLLABORATION: The Health Division has a contract with the Social Services Division to provide health services for EPSDT. The Departments of Health, Social Services and Education collaborate with the Delaware Adolescent Program, Inc. The Division of Health provides volunteer personnel to lecture at DAPI on health related matters; Social Services Division has a contract with DAPI to provide social services for pregnant adolescents/adolescent parents and their children; Education provides instructors and space for the programs.

STAFFING: The Division of Health has not assigned anyone specific responsibility for adolescent parenthood program development. The Division of Social Services has recently assigned a staff person to this responsibility. (The title of this staff position was not indicated.)

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not formally take part in the state-level policymaking process regarding these issues, but input could occur if individuals happen to be part of the Family Planning Project Advisory Committee or public hearings on W.I.C.

FUNDING: Categorical funds are provided for the DAPI program for pregnant adolescents/adolescent parents through the Department of Public Instruction budget. In addition, other federal and state categorical programs such as W.I.C. and Titles V, X, XIX and XX are accessed to provide services to pregnant adolescents/adolescent parents.

HIGHLIGHTS: Service delivery to pregnant adolescent/adolescent parents in Delaware is facilitated by a statute; agency policies, rules and regulations, plans, and staffing; and interagency collaboration. Minors 12 years of age or older may receive family planning services (Delaware Code, Section 708(a), Chapter 7, Title 13). A Teen Services Plan has been developed by the Division of Health, focusing on prevention of adolescent pregnancies through male education, inservice training for educators and administrators, and outreach programs. The Department of Public Instruction has developed a policy which delineates provisions for pregnant students, rules and regulations to aid school nurses in pregnancy screening and referral, a suggested health education curriculum (which includes sex education) and guidelines for inclusion of sex education in a local curriculum. The Divisions of Health, Social Services and Education collaborate with and provide services and funding to the Delaware Adolescent Program, Inc. In the Division of Social Services a staff person has recently been assigned responsibility for adolescent parenthood program development.

DISTRICT OF COLUMBIA - POLICY ANALYSIS

STATUTES/POLICIES: No statutes in the District of Columbia relate specifically to pregnant adolescents/adolescent parents. The Department of Human Resources indicated that family planning services are provided to adolescents in accordance with Title XX regulations. DHR also reported there are Department policies and program plans which impact this population, but the policies and plans were not specified.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (P.L. 361, Article I). Educational services are offered to pregnant adolescents/adolescent parents at the following locations: regular school and homebound class. In the 1977-78 school year, 16 persons gave pregnancy as a reason for dropping out; none gave marriage as a reason.

In May, 1979, the Board of Education adopted a policy which has general application to pregnant adolescents/adolescent parents. The policy on Human Sexuality and Reproduction states that instruction in human sexuality and reproduction shall be offered in the public schools as part of the regular curriculum in grades pre-K through 12, with course content appropriate to the age level of the students receiving instruction. Textbooks used for instruction must be approved annually by the Board of Education. All instructional materials shall be available for inspection and review by parents or guardians of students receiving instruction. Principals shall notify parents in writing prior to offering courses or programs; a minor student shall be excused from participating in instruction upon receipt of written notification from the student's parent or guardian.

COLLABORATION: The Departments of Education and Human Resources collaborate to address gaps in services and to evaluate existing services for pregnant adolescents/adolescent parents. The collaboration has resulted in a Board of Education policy requiring sex education in the public schools. The Department of Education also collaborates with Children's Hospital regarding the issues of adolescent pregnancy and parenthood. The D.C. Task Force on Adolescent Sexuality and Pregnancy is working to coordinate services and develop strategies to reduce high infant mortality. This Task Force involves 15-20 different health, education and social service agencies and organizations including policy makers, legislators, admininstrators, program directors, parents and adolescents.

STAFFING: The Department of Human Resources has not assigned a staff person whose position description includes specific responsibility for adolescent parenthood program development.

CITY-LEVEL ACTIVITIES: The D.C. Task Force on Adolescent Sexuality and Pregnancy has been formed to coordinate city agency services to adolescent parents to develop strategies to reduce high infant mortality. Pregnant adolescents/adolescent parents are not involved in the city-level policymaking process although they do participate in the Task Force.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal categorical programs such as Title XX and W.I.C.

HIGHLIGHTS: In Washington, D.C., service delivery to pregnant adolescents/adolescent parents is facilitated by agency policies and interagency collaboration. Family planning services are provided to adolescents in accordance with federal regulations. A Board of Education policy requires instruction in human sexuality and reproduction in grades pre-K through 12. Collaboration occurs between the Departments of Education and Human Resources regarding evalution of service delivery to pregnant adolescents/adolescent parents. The D.C. Task Force on Adolescent Sexuality and Pregnancy (involving health, education, and social service agencies and organizations) is working to coordinate services and develop strategies to reduce high infant mortality. Pregnant adolescents/adolescent parents participate in the Task Force which is evidence of the commitment of the Task Force to involving adolescents in issues that affect them.

FLORIDA - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Florida there are general statutes and policies relating to health services for all minors, and specific statutes and policies which relate to pregnant adolescents and adolescent parents. F.S. 381.382, Family Planning, states that maternal health and contraceptive information and nonsurgical services may be rendered to any minor provided the minor: is married; is a parent; is pregnant; has the consent of a parent or legal guardian; or may, in the opinion of the physician, suffer probable health hazards if such services are not provided.

F.S. 458.504 states that an unwed pregnant minor may consent to the performance of medical or surgical care or services relating to her pregnancy. F.S. 458-505, Terminations of Pregnancies, states that unmarried pregnant women under 18 years of age must obtain the written informed consent of a parent or guardian or a Circuit Court order prior to obtaining an abortion. F.S. 458.506 states that "an abortion referral or counseling agency, before making a referral or aiding a person in obtaining an abortion, shall furnish such person with a full and detailed explanation of abortion, including the effects of and alternatives to abortion. If the person advised is a minor, a good faith effort shall be made by the referral or counseling agency to furnish such information to the parents or guardian of the minor."

A Department of Health and Rehabilitative Services policy, Family Planning for Minors, states that a minor who is not married, is not a parent, is not pregnant or does not have the consent of a parent shall be counseled as to the hazardous effect of his/her activities; that every effort should be made to have parental consent/involvement in the minor's care; and that, if the minor refuses parental involvement or the parent cannot be contacted, the physician shall document the circumstances preventing parental consent. HRSM Policy 165-2, Chapter 12-29, Policies Regarding Adolescents in Foster Care, outlines procedures for working with teenage mothers who become pregnant while in foster care as well as procedures for obtaining parental consent for abortions for minors in foster care. The Department also reported rules and regulations, DFS Manual 009, Section II, Chapter V, Appendix 8, Guideline for Determining Need of Unwed Minor Mother, which specify eligibility criteria for unwed minor mothers to receive assistance; and rules, HRSM 165-2, Chapter 7, regarding Pre-adoptive Services for Unmarried Mothers. A program plan in Florida's Statewide Family Planning Program is outlined in a brochure describing the organizational structure and current activities in the field of family planning.

The Department of Education reported F.S. 232.01 which states that married, pregnant and parent adolescents are not subject to compulsory school attendance; however, they are not prohibited from attending school and are entitled to the same educational instruction or its equivalent as other students but may be assigned to a special class or program better suited to their special needs. This law authorizes but does not appropriate funds for such special classes or programs. Attorney General Opinion 072-1 of January 4, 1972, states that the above mentioned law "does not prohibit a local school board from adopting rules or regulations pertaining to the attendance in regular class programs of married students, or unmarried students who are pregnant or have had children out of wedlock." Special Programs Regulations, Supp. #79, Chapter 6A-6.3015 state that pregnant students may be classified as physically impaired and thus require an adaptation to their school environment or curriculum. Services are offered to pregnant adolescents/ adolescent parents at the following locations: regular school, homebound classes, special classes, special schools, and adult and vocational schools. The Department reported no preference for location of services.

The Department has a policy in regard to sex education in the public schools. It is entitled Position Statement on Family Life and Sex Education and was developed by the Advisory Committee to the Department of Education and endorsed by the Florida Medical Association School Health Medical Advisory Committee in 1969 and again in 1976. This position statement suggests that the teaching of family life or sex education "should be based entirely upon local identification of need and support for instruction in this area" and it provides guidelines for school systems which decide to plan and implement a sex education curriculum. The state has no special training requirements for sex education instructors.

COLLABORTION: The Departments of Education and Health and Rehabilitation Services collaborate on development and implementation of an annual statewide conference on adolescent sexuality and parenting; development of a model Family Life/Sex Education Program; preparation of client records; and provision of supportive services. The Department of Health and Rehabilitation Services collaborates with other agencies in the Florida Alliance for Responsible Adolescent Parenting, which plans and promotes statewide conferences, local coalition building, program coordination and policy development. The Alliance published a position paper on primary prevention, "Primary Prevention as Related to Adolescent Sexuality, Pregnancy and Parenthood."

STAFFING: There is an Adolescent Health Program Specialist in the Department of Health and Rehabilitative Services who devotes 50% of his/her time to adolescent parenthood program development. The position has included this responsibility since its inception in 1976.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exlusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as P.L. 94-142 (handicapped "homebound"), Titles X, XX, CETA and W.I.C.

HIGHLIGHTS: Service delivery to pregnant adolescents/adolescent parents in Florida is facilitated by agency policies. Although state law prohibits minors who are not married, parents, pregnant or in danger of suffering from a health hazard from consenting for family planning services, the Department of Health and Rehabilitative Services has a policy which allows the provision of services if the minor, after counseling, refuses parental involvement or if the parent cannot be contacted. Collaborative efforts among agencies have resulted in the development of guidelines for family life and sex education programs to assist school districts which choose to offer such a curricula; and annual statewide conferences on adolescent sexuality and parenting.

GEORGIA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Georgia which specifically relate to pregnant adolescents/adolescent parents, there are two health-related statutes which have general application to minors. The Family Planning Services Act, #427, (1966) authorizes agencies which provide family planning services to offer these services to persons who are married, pregnant or parents within the limits of the funds available. The Georgia Medical Consent Law, Act #403, Chapter 88-29, (1971) allows any female regardless of age or marital status to consent for services herself in connection with pregnancy or childbirth. This law does not apply to abortion or sterilization.

The Division of Physical Health reported a plan which has specific application to pregnant adolescents/adolescent parents. The Georgia Teenage Pregnancy Prevention Program was developed by the Department of Human Resources, Division of Physical Health and the State Superintendent of Schools in May, 1978. The plan calls for the establishment of Teen Services Core Committees in each of the 19 health districts to serve as resource teams to schools in the development of programs designed to reduce the incidence of teenage pregnancy.

The Division of Family and Children Services reported that the Department of Human Resources Manual contains policies and rules and regulations which include specific references to eligibility requirements for AFDC, Family Planning Services, Services to Title XX Ineligibles, Services to Expectant Parents (which provides maternity home care), and Adoption Services, applicable to pregnant minors and adolescent parents.

In addition, the Comprehensive Annual Services Program Plan (CASP) for the state defines family planning services as a service designed to enable individuals (including sexually active minors) to voluntarily limit family size, space arrival of children and cope with other concerns or needs related to human sexuality. The CASP presents the objectives and activities of family planning service providers and estimates expenditures for family planning services.

According to the Department of Education, the Code of Georgia, Chapter 32, Education, Instructional Services, states that teenage students who are married or unmarried, a parent, or pregnant are eligible for enrollment in the general education and occupational programs. Local units of administration have the right to assign students who are married or unmarried, pregnant, or a parent, or a combination thereof, to programs of instruction within the regular educational program or to special programs of instruction (possibly including prenatal and child care) for such students within the regular program. This is the policy provided that a local unit of administration may develop and implement special programs of instruction limited to such students with the regular daytime program. A State Board of Education policy "Married Students, Pregnant Students and Students Who are Parents Attending Public Schools, May 1975," states that the Superintendent of Schools is responsible for developing proceprocedures to insure that local systems have rules and regulations relative to the school attendance of this population and further, that the Office of Instructional Services is responsible for providing technical assistance to local school systems in the development of special programs of instruction for this population. Program for Exceptional Children, Regulations and Procedures, Georgia Department of Education, states that students out of school because of uncomplicated cases of pregnancy are not eligible for Hospital/Home Instruction.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. The Code of Georgia, Chapter 32, Section 40-200, "Pupil Attendance" states that school attendance is required for children between the ages of 7 and 16. Pupils may, however, be temporarily excused when personally ill and when attendance would endanger their health. Services are offered to pregnant adolescents/adolescent parents in regular schools and special class settings. The latter can be employed if the local district exercises this option. The Department prefers that the services be rendered in the regular school. Homebound instruction is rejected by the SEA in uncomplicated cases of pregnancy.

The policy of the State Board of Education states that in the event the school becomes a medium of instruction for human sexuality, the decision should be based entirely upon local identification of need and support for instruction in this area. Furthermore, each school's program should be adapted to the capacity, interests and training of its faculty. School officials should make every effort to inform and involve parents, clergy, physicians and all interested community people in advance of implementing human sexuality programs.

State curriculum guides suggest that human sexuality concepts be included in health and health related curriculum at all grade levels. In order to assist local school systems in developing programs the Department of Education has available a healthy curriculum guide, Building a Better You, Levels I and II and How to Parent or Not to Parent through the home economics unit.

COLLABORATION: The Divisions of Physical Health and Child and Family Services within the Department of Human Resources participate in a Teen Services Resource Committee. The Committee, established as a part of the Georgia Teenage Pregnancy Prevention Program, deals with family planning services for adolescents and other issues related to teenage pregnancy. The Division of Physical Health informally collaborates with the Department of Education on a nutrition education project for pregnant adolescents and adolescent parents.

STAFFING: The Division of Physical Health has a Nursing Program Specialist who spends 10% of his/her time working on adolescent parenthood program development. The position has included this responsibility for five years. The position description emphasizes the involvement with newborn and infant care as well as nursing follow-up for high risk infants. In the Division of Family and Children Services there is a Social Services Consultant who spends 25% of his/her time working with adolescent parenthood program development. This position has included this responsibility since 1970.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. However, pregnant adolescents/school-age parents or their parents are involved in the state-level policymaking process through participation on the State Family Planning Patient Advisory Council. The purpose of the Council is to advise the Agency regarding provision of services.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, XIX, XX, CETA and VISTA. Approximately $230,000 per year of vocational education funding is earmarked for parenting programs to be conducted by local school systems.

HIGHLIGHTS: In Georgia, service delivery to pregnant adolescents/adolescent parents is facilitated by statutes, agency policies, rules and regulations, resolutions, action statements and program plans. Any minor may consent for family planning services. The Georgia Teenage Pregnancy Prevention Program, developed in 1978, is a collaborative effort designed to reduce the incidence of teenage pregnancy. The Department of Education has developed a curriculum guide for health education (including optional sex education) at all grade levels, and guidelines for communities which decide to offer sex education in the Division of Physical Health, and Family and Children Services. There are staff positions which include responsibility for adolescent parenthood program development. Pregnant adolescents/adolescent parents are involved in the state-level policymaking process through participation on the State Family Planning Patient Advisory Council.

HAWAII - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Hawaii which deal specifically with pregnant adolescents/adolescent parents, there is a statute, and an attorney general opinion, and there are agency policies which provide a general framework for health services for minors. HRS 577A-1-3 states that the consent of a female minor (14-17 years of age) who is or professes to be pregnant shall be valid and binding with respect to the provision of medical care and service for treatment of pregnancy, and the consent of no other person(s) shall be necessary. Such medical care and services shall not include surgery or any treatment to induce abortion. The spouse, parent, custodian or guardian of any minor patient under 18 years of age who is diagnosed as pregnant must be informed even if the minor patient refuses to consent to this notification.

An Attorney General Opinion of November 25, 1977 states that a minor has a right to receive contraceptives without parental consent. Based on this opinion, a memo was sent December 19, 1977 from the chief of the Children's Health Division instructing clinics to provide full contraceptive service to minors on their own consent. House Resolution 271 of February 13, 1978, establishes a health counseling pilot project in 2 public high schools with the cooperation of the Department of Education, Department of Health, and private agencies for the purpose of fertility and other health counseling for adolescents in the public schools.

Within the Department of Health, the Maternal and Child Health Goals, Objectives and Program Plan state that the reduction of unintended adolescent pregnancies is a major objective of the MCH Branch of the Department of Health. The Hawaii Demonstration Project to Avert Unintended Teen Pregnancies funded by the Department of Health, Education and Welfare through Title X and coordinated through the Office of Family Planning, is taking place in 3 centers: Kauai (rural comprehensive services delivery by a network of agencies, groups and individuals); Kapiolani - Children's Medical Center (urban hospital-based intervention project); and the Department of Education (development of family life and sex education curriculum, resource materials and training programs for teachers, counselors, administrators and parents).

The Hawaii State Health Plan for 1978 includes the following objectives relating to adolescent pregnancy:

1) to lower the number of unwanted pregnancies in the 15-19 age range; and

2) to encourage the formulation of a comprehensive family life curriculum, including human sexuality, contraception and prenatal care, in every school in the state by 1980.

Recommended actions include establishing an active outreach program to reach teenagers using peer counseling and other techniques, to work with the Office of Children and Youth to explore the problems of teenage pregnancy and look at possible solutions, and to clarify and publicize minor's rights and accessibility to family planning services by 1979. Two memoranda to family planning providers from the Office of Family Planning (September 26, 1978 and October 13, 1978) reiterate the goal of increasing by 10% the number of teens (19 & under) served by Title X.

The Department of Education has two rules which apply to married and pregnant students. Rule #22 regarding Married Students states that for legal and accounting purposes, students are encouraged to declare their marital status to school officials. Rule #23 regarding Pregnant Students states that the Department strongly encourages pregnant students to continue their education; that any pregnant student may stay in her own school until her doctor indicates she should not; that the school shall make every effort to provide appropriate information regarding resources for planning and care of the pregnant girl; that the Department shall assist the pregnant girl in modifying her class schedule or transferring to a school of her choice; that the pregnant girl may be excused from school when, in the opinion of her physician, her physical condition warrants it; that provision shall be made for instruction during her absence from school; and that a mother shall be permitted to re-enter school upon the recommendation of her physician.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (HRS, Section 298-9, Attendance Compulsory; Exceptions). Children are subject to compulsory attendance between the ages of 6 and 18 years, unless excluded from school or excepted from attendance. Exceptions include physical or mental inability to attend.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound classes, special classes, special school, and special services. Availability of services varies by districts. The Department prefers that services be made available in all of the above locations. There were 226 female dropouts (ages 10-18) in the 1977-78 school year. Data regarding reasons for dropping out are not available.

The Department of Education does not have a policy in regard to sex education in the public schools. The development of a state policy is not being considered. The Department's curriculum guide includes sex education at the elementary, middle school/junior high school and senior high school levels within Health Education. There are no special training requirements for instructors of sex education programs.

COLLABORATION: The Departments of Health and Education collaborate on the family life and sex education curriculum as well as nutrition, family planning and mother-baby care for students who are parents. The Departments of Education, Social Services and Housing collaborate concerning program plans for family counseling/financial assistance.

STAFFING: Information on staffing was not provided by the Department of Health or the Department of Social Services and Housing.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of the state's general education fund for Home/Hospital instruction of pregnant adolescents/adolescent parents.

HIGHLIGHTS: There is a statute, an attorney general opinion, a House Resolution, agency policies and plans, and interagency collaboration which facilitate service delivery to pregnant adolescents/adolescent parents in Hawaii. Minors age 14-17 may receive pregnancy testing and treatment, with parental notification if diagnosed as pregnant (HRS 577A-1-3) and all minors may receive contraceptive services (Attorney General Opinion of 11/25/77). House Resolution 271 (2/13/78) established a health counseling project in 2 high schools for fertility and other health counseling. The Department of Health's MCH objectives and the State Health Plan emphasize reduction of unintended adolescent pregnancies. There is also a federally-funded demonstration project to avert unintended teen pregnancies, coordinated through the Office of Family Planning. One aspect of this project is the development of a suggested comprehensive family life curriculum, including human sexuality, contraception and prenatal care by the Department of Education in collaboration with the Department of Health. The Departments of Health, Education, Social Services and Housing also collaborate on other matters related to pregnant adolescents/adolescent parents, such as nutrition, family planning, mother-baby care, family counseling and financial assistance.

STATUTES/POLICIES: Although there are no statutes in Idaho which specifically relate to pregnant adolescents/ adolescent parents, one statute provides a framework for services to unmarried parents. IC 56-204A, Services for Children, authorizes the Department of Public Assistance and Welfare to establish rules and regulations to maintain services for unmarried mothers to promote their well-being and that of their infants. To this end, the rules and regulations are to provide for: arrangements for prenatal and confinement care for unmarried expectant mothers and payment for such care when necessary for the well being of the mother and infant; counseling; and services and assistance toward rehabilitation. Section 3-2045 of the Social Services Manual sets forth rules and regulations regarding eligibility criteria, rehabilitation and services offered under this law. In addition, the Division of Social Services has developed policies regarding pregnant adolescents/adolescent parents. (The policies were not specified.)

The Division of Health has developed policies (not specified), rules and regulations (W.I.C. eligibility criteria) and program plans (not specified) which have general application to pregnant adolescents/ adolescent parents.

There is one state statute which specifically addresses the educational needs of pregnant adolescents/adolescent parents. Idaho Code 33-2006 states that every public school district which has a state licensed or state sponsored system of care for expectant or delivered mothers shall provide instruction in accredited courses, by a qualified instructor, for expectant and delivered mothers under 21 years of age who are enrolled in such systems of care, and shall issue credits or a diploma for satisfactory completion of course work.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Services are offered to pregnant adolescents/adolescent parents in the regular school setting. This is the preferred location for educational services. Of the 2,135 female dropouts (ages 10-18) in the 1977-78 school year, 270 cited marriage or pregnancy as a reason for dropping out.

The state has a law in regard to sex education in the public schools (IC 33-1608, Course of Instruction - Family Life and Sex Education - Legislative Policy), which states that the decision regarding establishment of family life and sex education programs is a matter of local determination by the local school board. If such a program is adopted, major emphasis should be on teaching an appreciation of the importance of the family in the social system of our culture; teaching scientific, physiological information regarding sex and the necessity of controlling the sex drive by self-discipline; and providing a background of ideals, standards and attitudes which will aid a youth now and later when he/she chooses a mate and establishes his/her own family. Parents and community groups should be involved in the planning, development, evaluation and revision of sex education instruction. Parents may have their children excused from sex education by filing a written request to the school district board of trustees. Alternative educational endeavors shall be provided for those excused. The existing law is not being revised at present. The Agency's curriculum guidelines include sex education at the elementary, middle school/junior high school and senior high school levels within the subject area of health. Although there are presently no training requirements for sex education instructors, special training is being considered. Course work in human sexuality is available through the 3 state universities.

COLLABORATION: The Department of Education collaborates with the Department of Health's Bureau of Health Education in program coordination as it relates to the needs of pregnant adolescents/adolescent parents and/or their children. The two agencies jointly developed the Health Education Curriculum Guide which was approved by the State Board of Education in September, 1979. The Department of Health funded the development of the curriculum guide, and district health personnel are planning to assist in inservice training in October, 1979, for health and home economics teachers who will be using the guide.

STAFFING: The Department of Health and Welfare has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: The State General Account and Title XX funds in the amount of $108,080 have been made available for pregnant adolescents/adolescent parents through the Bureau of Social Services, Department of Health and Welfare. Adolescents also receive services as part of other federal and state categorical programs such as Title XIX and W.I.C.

HIGHLIGHTS: A statute; agency policies, rules, and plans; and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in Idaho. The Division of Social Services has developed policies and the Division of Health has developed policies, rules and program plans which apply to pregnant adolescents/adolescent parents. A statute makes inclusion of family life and sex education in the school curriculum a matter of local determination and provides general guidelines for establishment of such programs. The Department of Education, in collaboration with the Department of Health, developed a suggested K-12 curriculum guide for health education, including sex education. District health personnel will assist in inservice teacher training to implement the guide.

ILLINOIS - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Illinois which specifically relate to pregnant adolescents/adolescent parents, a statute and state agency policies provide a framework for health services to minors. According to statute 91.18.7, parental consent is not required in order for an adolescent to receive birth control information and services if the adolescent is pregnant, is a parent, or if failure to provide such services would create a serious health hazard, or if the adolescent is referred for such services by a physician, member of the clergy or a Planned Parenthood agency.

The Department of Public Aid reported that adolescent parents who are found to be eligible for public aid may be designated as a "caretaker relative," according to Chapter 900 of the AFDC Mannual, Sections 420 and 905. Rule 3.23, AGE, of the IDPA Rules states that there is no minimum or maximum age requirement to receive assistance as a caretaker relative. Another policy, provided in the form of a memorandum to physicians, hospitals and ambulatory surgical centers dated June 1, 1979, states that the Department will pay for abortions for pregnant women under 18 if a report was made within 60 days of sexual relations, showing the date of the incident. A pregnant woman under 18 is considered to have been the victim of rape, even if she was not forced to have sexual relations.

The Department of Education reported a state statute (School Code Chapter 122, Section 10-22.6a, Instruction for Pregnant Pupils) which provides for home instruction, correspondence courses or other courses of instruction for students unable to attend school during pregnancy. The Department also indicated that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws and that services are offered to pregnant adolescents/adolescent parents at the following locations: regular schools, homebound classes, special classes and special vocational education schools.

In 1967, a Policy Statement on Family Life and Sex Education was developed by the Illinois Sex Education Advisory Board (SEAB), a body established by the Illinois General Assembly in 1965 as part of the Sex Education Act. The policy statement provides guiding principles for use in promoting the development of sound and comprehensive programs of family life and sex education in the elementary and secondary schools of Illinois.

However, final decisions concerning implementation of the Sex Education Act are the responsibilty of the local board of education. Although the Department of Education does not require special training for instructors of sex education programs, pre-service and inservice programs for sex education teachers are recommended by the SEAB.

COLLABORATION: The Departments of Education and Public Aid collaborate regarding education and training of welfare recipients. The Departments of Education and Children and Family Services collaborate on an inter-agency committee. The nature of this committee was not specified. The Department of Education has a representative on a committee of the Illinois Commission on Children.

STAFFING: The Departments of Health and Public Aid have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. However, pregnant adolescents/school-age parents are involved in the state-level policymaking process through participation on the Student Rights Committee and the Illinois Commission on Children.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, XIX, XX and CETA.

HIGHLIGHTS: Service delivery to pregnant adolescents/adolescent parents in Illinois is facilitated by statutes and agency policies. Family planning services may be provided to all adolescents if referred by a physician, clergyman or planned parenthood agency. A sex education advisory board established guidelines to assist local communities which decide to offer family life and sex education programs in the public schools. Collaboration between state agencies occurs with respect to the needs of pregnant adolescents/adolescent parents. Pregnant adolescents/adolescent parents take part in state-level policymaking through participation on the Student Rights Committee and the Illinois Commission on Children.

INDIANA - STATE POLICY ANALYSIS

STATUTES/POLICIES: A recently enacted bill has direct application to pregnant adolescents/adolescent parents. House Enrolled Act No. 1414 passed by the 1979 General Assembly prohibits the state or any other political subdivision from making payment for abortion unless the life of the mother is in danger. The Act also created an eight member legislative study committee to assess the feasibility of paying for services needed by pregnant adolescents. The Committee operated under the direction of the Legislative Council and issued a final report in November, 1979. The report, "Interim Report of the Select Joint Committee to Study the Needs of Pregnant Adolescents," identifies the types of programs currently available to help pregnant adolescents, summarizes the testimony of persons who appeared before the Committee to identify needs and suggest solutions, and makes recommendations including the following:

1. Change state laws to allow minors to consent for their own reproductive health care;
2. Appropriate $1 million for a state assistance program for pregnant adolescents, to be administered by the Department of Public Instruction; and,
3. Draft a bill to establish life support centers throughout the state, funded with the $1 million appropriated to DPI.

A state statute requiring parental consent for a minor to receive an abortion was recently declared unconstitutional (The Gary-Northwest Indiana Women's Services, Inc. et al., Plaintiffs, v. Otis Bowen, Governor of the State of Indiana, et al., Defendants.)

Although IC 16-8-3-1 requires parental consent for an unmarried, unemancipated adolescent to receive family planning services, there is concern that, based on federal court cases, this requirement would be held unconstitutional. Thus, some agencies provide family planning services to mature minors without parental consent. If the adolescent is eligible for AFDC, the Department of Public Welfare reported that parental consent for family planning services is not required, regardless of the adolescent's marital status.

The State Board of Health has recently submitted a proposal for federal funding for an Improved Pregnancy Outcome Program. This program plan will not be limited to adolescents. It has three major components: 1) provision and/or expansion of human sexuality information in the high schools (9th grade); 2) special training of hospital staff; and, 3) community education to raise awareness of importance of early prenatal care, scope of teenage pregnancy, etc.

A memorandum was sent to the State Superintendent of Public Instruction from his Administrative Assistant on March 3, 1973. It summarizes court cases concerning the rights of pregnant and/or unwed students to remain in public school and states that whether a pregnant girl should be allowed to continue in public school during her pregnancy appears to be a matter to be decided by the girl and her doctors. Within the Department, the Division of Pupil Personnel Services has one of its objectives to provide technical assistance to school-age parent programs. The proposed program plan includes planning and conducting an annual workshop, disseminating information and collaborating with other agencies in the state.

Pregnant adolescents/adolescent parents are subject to state compulsory attendance laws. IC 20-8.1, Chapter 3, Acts of 1977, P.L. 218, Sec. 1, Compulsory School Attendance, states that children between the ages of 7 and 16 must attend school. With the approval of the State Board of Education, a superintendent may exclude or excuse any child found mentally or physically unfit for school attendance. Parents must file a certificate of incapacity signed by a physician if a child between the ages of 7 and 16 is not attending school.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular schools, homebound instruction when medically prescribed, special classes and special continuing education schools. In 1976-77, 11,308 female dropouts (ages 10-18) were reported. Of this number, 1,140 cited pregnancy and 1,068 cited marriage as reasons for dropping out. There is no state-level sex education policy in Indiana. (A policy proposal was rejected in 1979). Sex education may be offered at the discretion of the local school board. No training requirements have been established for instructors in sex education.

COLLABORATION: None of the state agencies reported any collaborative activities on behalf of pregnant adolescents/adolescent parents.

STAFFING: The Departments of Health and Public Welfare have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: In 1979 a legislative study committee was established to study the feasibility of funding services for pregnant adolescents. There is an opportunity for pregnant adolescents/adolescent parents to become involved in the state-level policymaking process by making written or oral comments at public hearings on AFDC regulations.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, XIX, and XX, and W.I.C.

HIGHLIGHTS: In Indiana there are statutes and agency policies and action statements which facilitate service delivery to pregnant adolescents/adolescent parents. In 1979, a legislative study committee reviewed the feasibility of providing funding for services to this population and will introduce bills in the next legislative session to allow minors to give effective consent for their own reproductive health services and to provide funds for services to these adolescents.

IOWA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Iowa which specifically relate to health care for pregnant adolescents/adolescent parents. However, two statutes provide a general framework for health services to minors. The "Consent by Minors to Medical and Surgical Procedures and Counseling Act" provides that pregnant females, without regard to age, have the right to consent to their own medical and surgical procedures, and that consent of a parent or guardian is not required. However, some hospitals will not accept patients for elective abortion, and many of those which do accept such patients require the consent of a parent or guardian in addition to that of the minor patient. House File 755 makes available state funds for "medically necessary" abortions, which have been defined as those cases in which: 1) the fetus is deformed; 2) the life of the mother is threatened; or 3) there was rape or incest.

The Department of Social Services has developed policies, regulations and program plans which have general application to pregnant adolescents/adolescent parents. Policy XIII-R-25, "Consent or Approval of Guardian," from the Department of Social Services Employee's Manual, states that for minors who are committed to the Department the field service worker shall inform the guardian when it becomes known that a child is pregnant. Abortion for a child during the first 2 trimesters of pregnancy is completely at the discretion and will of the individual child. The child's guardian may consent to abortions in the first 2 trimesters when requested, but shall be informed in all such matters. The child's parents shall be advised of the situation unless factors of a compelling nature are present which, in the judgment of the case worker and guardian, would be detrimental to the child.

Another policy, dated February 2, 1979, is contained in a memorandum to the Division of Field Operations from the Division of Community Programs and will be put in the Department's Employees' Manual. It states that the state cannot pay for any abortions for clients under the custody of the DSS using Title XIX funds, except if the abortion is medically necessary and also notes that there are no other state funds appropriated for the payment of abortions. Options available to DSS in arranging for the performance and payment of abortions for clients are listed. Although parental notification for abortions for minors during the first 2 trimesters of pregnancy is not required, the guardian must consent in those cases under the guardianship of the state. In most cases, the parent should be notified if in the best interest of the child. Procedures to be followed in those guardianship cases requesting an abortion are outlined.

Policy V-5-36C, "ADC Determination of Need, Requirements," points out the eligibility requirements for receiving ADC. Beginning October 1, 1979, pregnant women who meet ADC eligibility requirements will be covered under ADC during the last trimester of pregnancy. Policy IV-E-7 states that "all children who can be considered sexually active, for whom ADC-FC payments are being made, shall be advised of the availability of family planning services, but are not required to accept them."

The Iowa Administrative Code (IAC) 770-55 gives eligibility requirements for day care for persons who are eligible for work and training programs, which may include adolescent mothers.

The Department of Public Instruction reported a state statute which relates to educational services for pregnant adolescents/adolescent parents. State statute 601 A.9, "Unfair or Discriminatory Practices - Education," states that it is an unfair or discriminatory practice for any educational institution, on the basis of sex, to apply any rule concerning the actual or potential parental, family or marital status of a person or to exclude any person from any program or activity or employment because of pregnancy or related conditions dependent upon the physician's diagnosis and certification.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, special class, and special school. Assignment to any location is determined by need and individual preference. Data are not kept regarding the number of school dropouts due to pregnancy or marriage.

The Department of Public Instruction has a policy in regard to sex education in the public schools. The policy, adopted August 15, 1968, by the Iowa State Board of Public Instruction states that sex education, as a part of family living, should be included and be a definite part of the public school curriculum. Formal sex education is best taught by the classroom teachers and integrated into appropriate courses, with special counseling as needed. The basic materials should be accurate, handled in a highly professional manner, and integrated with other course materials according to the maturation levels of the children. This instruction should be started in kindergarten and followed throughout all school levels. In addition to this policy, which is not being revised at the present time, state law requires venereal diseases to be included in the health instruction program of junior and senior high schools. The Department recommends but does not require special training for instructors of sex education.

COLLABORATION: The Departments of Social Services, Public Instruction and Health, the Legislature and several independent organizations collaborate as representatives on the Council on Adolescent Pregnancy formed in 1977. The Council's purpose is to identify workable approaches to assure the coordination of medical, psycho-social and educational services to the adolescent during the preconceptual, prenatal, perinatal and postnatal periods, continuing for at least one year, or if she keeps the infant, until her child reaches the age of five. The Council encourages regional and local workshops which bring together professional disciplines which are concerned with adolescents to increase their awareness of the problems and to assist communities in the development of appropriate services to intervene in the cycle of adolescent pregnancy, child abuse, school dropouts, unemployment and repeat pregnancies. The Council also assists the Personal and Family Health Division in carrying out clearinghouse activities, i.e., training sessions or meetings with the state or surrounding states, resource persons for workshops or meetings, or media material pertinent to the purpose of the Council. The Department of Public Instruction collaborates with the Mitchellville Training School for Girls in developing rules and regulations for services to pregnant girls who have been adjudicated as delinquent.

STAFFING: The Departments of Health and Social Services have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: The Council on Adolescent Pregnancy (described above) encourages collaboration to foster the development of comprehensive services for pregnant adolescents/adolescent parents and assists the Personal and Family Health Division, Department of Health, in carrying out training sessions and meetings. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs, such as W.I.C., Title XX, vocational rehabilitation funds, and state funds for medically necessary abortions.

HIGHLIGHTS: A statute, an agency policy and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in Iowa. All adolescents may receive pregnancy testing and treatment (Consent by Minors to Medical and Surgical Procedures and Counseling Act). A State Board of Education policy recommends the inclusion of sex education, as a part of family living courses in grades K-12. A Council on Adolescent Pregnancy was formed in 1977, involving representatives from the Departments of Social Services, Public Instruction and Health. The Council attempts to identify workable, coordinated and comprehensive service delivery to pregnant adolescents/adolescent parents.

KANSAS - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Kansas which specifically relate to health care for pregnant adolescents/adolescent parents. Local departments of health decide whether or not to offer family planning services to adolescents without parental consent. The Governor's Task Force on Problems of Youth has recommended that the state legislature grant immunity from prosecution for physicians who provide family planning services to minors without parental consent.

The Department of Health and Environment reported but did not specify attorney general opinions, position papers and program plans relating to pregnant adolescents/adolescent parents.

The Department of Social and Rehabilitation Services reported a regulation (Kansas Public Assistance Manual, Section 2100) which has general application to pregnant adolescents/adolescent parents. The regulation, dealing with eligibility requirements for public assistance, excludes unemancipated minors from assistance unless it is applied for by a conservator or responsible adult. The Department also reported but did not specify program plans for pregnant adolescents/adolescent parents.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (KSA 72-1111). Special education monies are used to provide funding for homebound programs for pregnant adolescents/adolescent parents. The Vocational Home Economics Guidelines describe consumer and homemaking program goals, one of which is to encourage eligible recipients to operate outreach programs in communities for youth and adults by considering special needs such as those of school-age parents and single parents. The Vocational Education Consumer and Homemaking One and Five-Year State Plans for Fiscal Years 1978-82 state that one of the criteria for program approval is emphasis on at least two of the following: school-age parents, single parents, disadvantaged or handicapped, services for courts and/or correctional institutions, elderly, and young children.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school and homebound class. Data are not kept regarding the number of school dropouts due to pregnancy or marriage.

Guidelines for Sex Education in the Public Schools of Kansas were developed by the State Board of Education in January, 1970. The Guidelines allow local boards of education to decide on the inclusion of sex education in the curriculum, encourage community involvement and sex education courses for adults, prohibit discussion of sexual techniques and specific methods of birth control and allow discussion of pregnancy and venereal disease.

The existing policy is not being revised. The decision to adopt the curriculum guidelines is left to the local school board. The Department only specifies that instructors of sex education programs be certified teachers.

COLLABORATION: The Departments of Education, Social and Rehabilitation Services, and Health and Environment, and the Extension Service collaborate on the Kansas Advisory Council on Children and Youth which was formed as a result of a DHEW-sponsored Teenage Pregnancy Conference in 1978. Goals of the council are to publish a directory of adolescent parenthood programs and services in the state and to establish day care centers for children of adolescent parents.

The Departments of Education, and Health and Environment collaborate in monthly interdepartmental committee meetings on health-related issues and on the Governor's Commission for Parenthood, an informal group which grew out of a parenthood education seminar in 1977. Their efforts have resulted in the hiring of a Department of Education staff person to work on parenthood education curriculum development.

The Departments of Education, and Social and Rehabilitation Services and several local agency representatives collaborate on the Governor's Task Force on Problems of Youth. This group developed a statement which recommends that the legislature grant immunity from prosecution for physicians who provide family planning services to persons under age 18 without parental consent.

The Departments of Health and Environment, and Social and Rehabilitation collaborate on the Family Planning Pilot Project and on Family Planning Clinics and Services.

STAFFING: There are 3 individuals in the Department of Health and Environment who each spend 20% of their time working on adolescent parenthood program development. Their titles and duties are: MCH consultant (M&I project development), Health Educator for Maternal and Child Health (represents MCH on the Governor's Commission on Parenting Education), and School Nurse Consultant (curriculum development and member of Kansas Advisory Committee on School Health).

STATE-LEVEL ACTIVITIES: The Kansas Advisory Council on Children and Youth, composed of representatives from the State Department of Education, State Department of Social and Rehabilitation Services (Division of Children and Youth), State Department of Health and Environment, and the Extension Service, was formed as an outgrowth of the Teenage Pregnancy Conference in September, 1978, sponsored by the US DHEW Bureau of Community Health Services, Office for Family Planning. One of its goals has been the formulation of a directory of adolescent parenthood programs and services in the state, to be published soon.

Another goal is the establishment of day care centers for the children of adolescent parents. Such a center, funded by CETA, WIN, and Children and Youth monies, is being established in Wichita.

Pregnant adolescents/adolescent parents are involved in the state-level policymaking process through the Kansas State Plan for Special Education revision and hearings. Notices of hearings are sent to several hundred individuals and advocacy groups, a list of whom has been approved by the Attorney General.

FUNDING: Federal funds are appropriated by the Kansas Legislature for maternal and infant care projects which are directed at counseling pregnant teenagers, assuring that they receive prenatal care and providing a one-year followup for the mother and infant. These funds are distributed through the State Department of Health and Environment to local health departments which actually carry out the projects. In fiscal year 1980 the following local health departments will receive funds for such projects: Kansas City--Wyandotte County ($40,000); Topeka--Shawnee County ($80,000); Wichita--Sedgwick County ($50,000); Salina--Saline County ($20,000); Geary County ($20,000); Johnson County ($40,000); and Riley County ($20,000). Adolescents also receive services as part of other federal and state categorical programs such as P.L. 94-142 (Handicapped-homebound).

HIGHLIGHTS: An agency policy, position papers, plans and staffing, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in Kansas. The Department of Health and Environment has developed position papers and program plans relating to pregnant adolescents/adolescent parents. The Kansas legislature, through the Department of Health and Environment, appropriates federal funds to 7 county maternal and infant care projects. Suggested guidelines for inclusion of sex education in the school curriculum were developed by the State Board of Education in 1970. Several interagency collaborative efforts deal with adolescent pregnancy and parenthood concerns: the Kansas Advisory Council on Children and Youth (Departments of Education, Social and Rehabilitation Services, and Health and Environment) which is publishing a directory of state adolescent parenthood programs and services and working to establish day care centers for children of adolescent parents; the Governor's Commission for Parenthood (Departments of Education and Health and Environment) whose efforts have resulted in the hiring of a full-time Department of Education parenthood education curriculum developer; the Governor's Task Force on Problems of Youth (Departments of Education, and Social and Rehabilitation Services) which developed a statement recommending immunity from prosecution for physicians who provide family planning services to minors without parental consent; and the Family Planning Pilot Project (Departments of Health and Environment, and Social and Rehabilitation Services). There are 3 staff persons who work part-time (20% each) on adolescent parenthood program development in the Department of Health and Environment. Pregnant adolescents/adolescent parents may become involved in the state-level policymaking process through Kansas State Plan for Special Education revision hearings.

KENTUCKY - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Kentucky there are no statutes which specifically relate to pregnant adolescents/adolescent parents. However, 2 statutes provide a general framework for health services to minors. KRS 214.185, passed in 1972, allows advising, perscribing for and treating minors regarding contraception, pregnancy or childbirth without parental notification/consent.

However, it does allow the professional to "inform the parent or legal guardian of a minor patient of any treatment needed or given where, in the judgment of the professional, informing the parent would benefit the health of the minor patient." If a minor has been married or is a parent, he/she may give consent to the furnishing of hospital, medical, dental or surgical care to his/her child or him/herself.

KRS 311.740, Consent Requirements requires that after the first trimester, if the woman is unmarried and under 18 years of age, consent must be given by her parents, guardian or other responsible person having legal custody of the pregnant woman.

The Bureau of Health Services reported that it has encouraged the 15 family planning districts to include in their program plans special plans for teenagers. In addition, serveral agencies are considering applying for Title VI monies, depending upon the funding available.

According to the Department of Education, pregnant adolescents are considered physically disabled and thus not subject to compulsory school attendance. Section 159.030 KRS, Part C, states that children of compulsory school age whose physical or mental condition as evidenced by a signed statement from a physician, prevents or renders inadvisable attendance at school or application to study are to be exempted from compulsory school attendance. Such children are entitled to home, hospital, institutional or other suitable instruction which meets state board of education standards. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular schools, homebound classes, special classes and, special schools. There were a total of 19,518 male and female dropouts (ages 10-18) during the 1977-1978 school year, of whom 1,265 cited marriage as a reason for dropping out.

The Agency does not have a policy in regard to sex education in the public schools. Some individual school boards have adopted policies concerning sex education but this varies among school districts. However, Career Education, which includes family life education, is mandated in elementary, secondary, post secondary and adult education by HB #70, Guidelines for Career Education [Section 5(2)(e)]. In addition, health courses which are required for graduation from secondary school usually include a unit on preparation for marriage and parenthood. Further, the Kentucky State Plan for Vocational Education mandates that parenthood education be included in home economics programs at the junior and senior high levels, although home economics is not a required subject. The Agency does not require any special training for instructors of sex education programs.

COLLABORATION: The Department for Human Resources and the Department of Education participate in the Kentucky Coalition on Teenage Pregnancy. The two departments also jointly developed the parenthood education curriculum guide for junior and senior high school school students in home economics classes. Within the Department for Human Resources, the Bureau for Health Services collaborates with the Bureau for Social Insurance on the Interbureau Committee on Teenage Pregnancy; these Bureaus have also developed formal contracts for Medicaid reimbursements. The Bureaus for Health Services and Social Services collaborate on family planning referrals and inservice training of Social Services staff regarding family planning clinic services. The Bureaus for Health Services, Social Insurance and Social Services participated in the Home and Family Services Group of the Governor's Welfare Reform Task Force.

STAFFING: The Bureau for Social Services has a Family Services Specialist assigned to the Unmarried Parents Program who participates in interagency meetings. Less than 5% of his/her time is spent in this area. A planner in the Bureau's Program Development Section also works on planning aspects of the Unmarried Parents Program. The responsibilities of the Supervisor of the Family Planning Program in the Bureau for Social Insurance include assuring that adolescent parents are provided any and all available services when such services are requested by one or both parents. This position has included this responsibility since its inception in 1974. Approximately 5-10% of the time is spent in this area.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funds exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X and XIX and CETA.

HIGHLIGHTS: There are statutes and programs plans in Kentucky which provide a framework for services to pregnant adolescents/adolescent parents. Minors may receive family planning services, in most cases, without parental consent. Parenthood Education is a required part of home economics curricula in junior and senior high schools, and preparation for marriage and parenthood is an optional part of required health courses. Several collaborative efforts are on-going, including a Coalition on Teenage Pregnancy, an Interbureau Committee on Teenage Pregnancy, and the Home and Family Services Group of the Governor's Welfare Reform Task Force. Three staff persons in the Department of Human Resources spend some time working on adolescent parenthood program development.

LOUISIANA - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Louisiana a statute provides a general framework for health services to minors. R.S. 24:253 gives minors the right to consent to medical treatment without parental consent. The Department of Health and Human Resources has developed a Teenage Pregnancy Program Plan whose purpose is to provide specialized services otherwise not available to the pregnant teenager and her family. The plan was developed in compliance with Title V requirements published on July 22, 1974.

The Department of Education reported a statute (Act 754) and regulations (Act 754, subsection 962, Regulations - Education of All Exceptional Children) which addresses the need of those students who are otherwise health impaired or handicapped," (including pregnant adolescents).

Pregnant adolescents/school-age parents are subject to compulsory school attendance laws unless they are married (Education Code 17:221, Sub-Part C. School Attendance, Section 221). However, an August 6, 1973 Attorney General Opinion states that students who are physically incapacitated may be excused from compulsory schooling when the condition is certified by a physician. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular schools, homebound classes, special classes and special schools (only in New Orleans). The Department prefers the regular school setting. Of the 7,938 female dropouts (ages 10-18) in the 1977-78 school year, 1,702 listed marriage as a reason for dropping out.

The state had a statute (R.S. 17:281) which did not allow the teaching of a sex education course or any course "primarily dealing with the human reproductive system as it pertains specifically to the act of intercourse..." However, in 1979, the legislature revised this statute to allow, but not require, local schools to offer "sex education" in grades 7-12. Sex education is defined as factual information on the human reproductive system, and may include the study of venereal disease, pregnancy, childbirth, puberty, menstruation and menopause. The legislation specifies that qualifications for all teachers or instructors in sex education shall be established and the selection of all such teachers shall be made solely and exclusively by the public school or parish school board.

COLLABORATION: The Departments of Education, and Health and Human Resources collaborate informally. They have developed an agreement concerning implementation of Act 754 (which peripherally affects pregnant adolescents). Within the Department of Health and Human Resources, the Offices of Health and Family Security collaborate; and the Divisions of Youth Services and Social Services collaborate regarding pregnant adolescents who are on probation or parole.

STAFFING: The Department of Health and Human Resources has a staff person who spends 30% of his/her time working with adolescent parenthood program development. The position has included this responsibility since 1972. The title of the position is Medical Director.

STATE-LEVEL ACTIVITIES: There is a state-level Improved Pregnancy Outcome (IPO) Advisory Committee which deals with pregnant adolescents/adolescent parent concerns. It was formed in January, 1978 and convened by the program administrator of the IPO program in the Department of Health and Human Resources. The goal of the Committee is to coordinate services to improve maternal and infant health. The Committee is comprised of representatives from many agencies concerned with maternal and child health. Although pregnant adolescents/adolescent parents are not excluded from the state-level policymaking process, no agency reported their participation.

FUNDING: There are no state categorical funds specifically for services to pregnant adolescents/school-age parents. However, the Departments of Education and Health and Human Resources do provide funds from their budgets for services to pregnant adolescents and school-age parents through special projects. The state legislature has appropriated funds to the Department of Health and Human Resources for pregnant adolescents/adolescent parents and their children for family planning services in the amount of $400,000, and for adolescent parenthood projects in the amount of $200,000. Other federal and state categorical programs which provide services to adolescents include: Titles V, X, XIX, and XX, and W.I.C.

HIGHLIGHTS: There are statutes, agency rules and regulations and program plans which facilitate service delivery to pregnant adolescents/adolescent parents in Louisiana. Any minor may consent for family planning services. The Department of Health and Human Resources has developed a Teenage Pregnancy Program Plan, and the state law which disallowed the teaching of sex education has been modified to allow local schools to offer sex education instruction in grades 7-12. Collaborative efforts, including an Improved Pregnancy Outcome Advisory Committee, occur among state agencies; and the Department of Health and Human Resources has a staff person who spends 30% of the time on adolescent parenthood program development. The state legislature has appropriated funds to the Department of Health and Human Resources for family planning services for adolescents and for adolescent parenthood projects.

MAINE - STATE POLICY ANALYSIS

STATUTES/POLICIES: There is one statute in Maine which specifically relates to pregnant adolescents/adolescent parents: 22 MRSA, Section 1597, relates to abortions for minors and requires a physician to give prior notice to parents before performing an abortion on their minor child.

The Department of Human Resources indicates that Family Planning provides contraceptive services to unmarried adolescents without parental consent if the physician judges that it is in the best interest of the adolescent. Department of Human Resources Policy Statement #446 provides for temporary assistance to implement case plans for unmarried women with problem pregnancies (including those who consider their pregnancy to be a social problem) for whom other resources do not exist. The W.I.C. State Agency Plan also has general application to pregnant adolescents/adolescent parents.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Educational settings in which pregnant adolescents/adolescent parents are served include: regular classroom, homebound class, special classes and special schools. The Department does not have a preference for any particular educational setting. The number of school dropouts due to pregnancy or marriage is unknown.

The Department has no policy which requires sex education in the schools. However, the Department of Human Services and the Department of Education have jointly developed suggested health curricula (which include sex education) which may be adoptef at the discretion of local school districts.

COLLABORATION: The Departments of Education (Home Economics Education) and Human Services are members of the Adolescent Pregnancy Coalition, a group established to serve as a vehicle to impact the problems of adolescent pregnancy in the state through expansion and improvement of existing services. A list of resources and a statement of purpose, goals and objectives have been developed by the group. The Department of Education also collaborates with the Department of Human Services on development and dissemination of health curricula to schools.

STAFFING: The Department of Human Resources has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There is no state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent concerns. However the Adolescent Pregnancy Coalition serves as an advocate group in the state. Pregnant adolescents/adolescent parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However adolescents do receive services as part of other federal and state categorical programs such as W.I.C.; Titles V, XIX and XX; CETA; and the Federal Child Care Food Program.

HIGHLIGHTS: In Maine, agency policies and plans and interagency collaboration facilitate service delivery to pregnant adolescents/ adolescent parents. The Department of Human Resources has a policy which allows adolescents to receive contraceptive services. The Departments of Education and Human Resources have jointly developed a suggested health curriculum which includes sex education. These two departments are also represented on the Adolescent Pregnancy Coalition which was established to expand and improve services to pregnant adolescents/adolescent parents in the state.

MARYLAND - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Maryland two statutes provide a framework for delivery of health services to minors. Maryland Annotated Code, Article 88A, Section 111-113, directs the Department of Human Resources to develop a program to be implemented at the local level to address the service needs of single parents. The legislative intent of the statute declares that the state has a continuing interest in prevention of the problems associated with teenage pregnancy and, to that end, single young people at risk of parenthood should have access to appropriate counseling and health services.

Article 43, Section 135, Minor's Consent to Medical Treatment, Maryland Annotated Code effective July 1, 1971, allows minors to seek treatment or advice concerning venereal disease, pregnancy or contraception. It also states that the physician is the sole judge of whether the parents of the minor should be informed of the treatment given or needed except in the case of an abortion which requires prior notification of the parent or guardian unless such notification might reasonably be expected to lead to physical or emotional abuse of the minor. This article was initially passed in 1967 and took effect in 1971.

The Department of Health and Mental Hygiene reported a program plan, Preventive Medicine Administration 5-Year Plan for Infant, Child and Adolescent Health Services, which provides for services to pregnant adolescents/adolescent parents. Maryland Bylaw 13.07.02.02 developed by the State Board of Education and put into effect on January 8, 1970, establishes the state's responsibility to provide appropriate school programs for all students including pregnant girls, single or married. The programs are to be approved by the State Superintendent and shall include provisions for counseling, social work, and psychological services as needed.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws, although these laws have not been tested in court. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound classes, and special schools. During the 1977-78 school year 7,697 female students in grades 7-12 dropped out of school. Pregnancy is not included as a reason for dropping out by the state education agency; 168 females did report dropping out because of marriage.

Maryland Public School Laws, Bylaw 13.03.02.01, Family Life and Human Development, developed by the State Board of Education and put into effect July 1, 1970, requires Family Life and Human Development K-12 levels through the Health program. Each local school system shall develop guidelines and procedures for the selection of teachers who meet established qualifications and shall establish such planned and continuous programs as shall be required to train adequately its personnel to update knowledge, instructional materials, and methodology. The policy states that the SEA also shall develop programs to train the teachers of teachers.

COLLABORATION: Pursuant to SB 357, passed May 29, 1979, the Departments of Health and Mental Hygiene, and Human Resources are developing a list of resources to be used as an alternative to abortion, to be updated annually. The Departments Health and Mental Hygiene and Education are developing an ITV series on parenthood and working jointly on an immunization project. The Department of Human Resources and Education collaborate on a child abuse treatment and prevention project.

STAFFING: The Department of Health and Mental Hygiene has two staff persons who each spend 25% of their time working with adolescent parenthood program development. The positions have included this responsibility for one year. The title of the positions are Chief, Division of Maternal Health and Population Dynamics, and Chief, Division of Infant, Child and Adolescent Health.

STATE LEVEL ACTIVITIES: The Committee on School Age Parents is a state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent issues. The state-level Advisory Committee on Single Parents, while not exclusively a committee for pregnant adolescents, is focused principally on adolescents. There is at present no state-level policymaking process concerning teenage pregnancy which precludes the involvement of pregnant adolescents/school-age parents.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, XIX and W.I.C.

HIGHLIGHTS: There are statutes, agency policies and program plans in Maryland which facilitate service delivery to pregnant adolescents/adolescent parents. Minors may receive family planning services; however, physicians may notify parents of any treatment needed or given. Family Life and Human Development (including sex education) is required in the public schools through the Health program. State agency collaboration occurs regarding a list of resources to be used as alternatives to abortion, an ITV series on parenthood, and child abuse prevention and treatment. Two persons in the Department of Health and Mental Hygiene spend 25% of their time working on adolescent parenthood program development. There is a state-level Committee on School-Age Parents and a state-level Advisory Committee on Single Parents which concern themselves with the needs of pregnant adolescents/adolescent parents.

MASSACHUSETTS - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes or policies in Massachusetts which specifically relate to pregnant adolescents/adolescent parents, there are some health-related statutes and department policies which provide a general health services framework for minors. Statute 111, Section 51, Public Health - Pregnancy Clinic states that local boards of health, hospitals, dispensaries or other agencies may establish clinics or other services for pregnant girls and women, including medical treatment for mother and child and transportation costs to and from the treatment location, subject to Department rules and regulations. Statute 112, Section 12F, Professions and Occupations - Emergency Treatment of Minors, Absence of Consent, Immunity of Physicians, Dentists, Clinics and Hospitals, Confidential Records, provides for minors' consent for medical care. The conditions for minors' consent include: (1) married, widowed or divorced, (2) parent of a child, (3) member of armed forces, (4) pregnant or believes herself to be pregnant, or (5) living separate and apart from parents and managing own financial affairs. Sterilization is not provided without parental consent. A Massachusetts Law (Chapter 112, Section 125) requiring every woman under 18 who has not married to secure the consent of both her parents or the judge of a Superior Court before receiving an abortion, has recently been declared unconstitutional by the Supreme Court in the case Bellotti v. Baird (1979).

The Department of Health's Policy Statement on Family Planning, developed in March, 1978, states, "The Department acknowledges that all persons have the right and freedom to seek information and make decisions relative to the use of Family Planning Services and the choice of methods consistent with their own beliefs." The Social Services Policy Manual, Chapter III, Family Planning Policy, allows delivery of family planning services to individuals under 18 years of age without regard to income. The policy also requires that the application for and receipt of services be kept confidential. The Massachusetts Assistance Payments Manual (106CMR, Chapter 484) states that the Department will pay for abortions provided to Medical Assistance recipients when the abortion is determined to be medically necessary or when the abortion is performed on a victim of rape or incest when such rape or incest has been reported to a law enforcement agency or public health service with 60 days of the incident.

The Department of Health has published "The Administrator's Guide for the School Health Program" (1978) which outlines the purposes and administrative and legal aspects of the school health program and lists available school health services. With respect to teenage pregnancy, the Guide presents legal aspects, policies concerning treatment of the pregnant student in school and counseling and referral concerning venereal disease, pregnancy and contraception (The school nurse, when hired by the Board of Health, is not bound by possibly restrictive local school board regulations and is free to and obliged to provide birth control or referral services.)

Other statutes and policies which have general application to adolescent pregnancy include: Statute 18 B, Section 2, Department of Social Services - Services which lists "protective services for unmarried mothers" as one of the required social services; Statute 119, Section 23 B, Public Welfare - Services to Unwed Mothers which states that the Department may provide services to mothers bearing children out of wedlock; and Statute 273, Section 13, Desertion, Non-Support, etc. - which deals with court-ordered payments by the alleged father for expenses of pregnancy and funeral expenses if the baby dies. The Massachusetts Social Services Policy Manual, Chapter II - Services to Unmarried Parents lists services provided by the Department of Public Welfare to unmarried parents, eligibility requirements and methods of provision of services. Also in the Policy Manual, Chapter 282, Subchapter G - Placement Services/General-Medical, Project Good Health outlines the regulations pursuant to Statute 18, Section 2, and Title XIX of the Social Security Act which require the establishment of an EPSDT program (known in Massachusetts as Project Good Health). Persons under 21 years of age who are eligible for Medical Assistance are eligible for Project Good Health. The Department of Public Welfare Manual, Chapter 480.00, Medical Assistance Program, Project Good Health, includes regulations establishing the duties and functions of PGH specialists and contracted providers.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. In addition there is a state statute which specifically addresses the issue of education of pregnant adolescents/adolescent parents. Statute 71, Section 84, Education - Discipline of Student on Matters Unrelated to School-sponsored Activities Prohibited states that no student shall be suspended, expelled or otherwise disciplined on account of marriage, pregnancy, parenthood...; in the case of a pregnant student, the school committee may require that the student be under the supervision of a physician. Services are offered to pregnant adolescents/school-age parents at the following locations: regular school, homebound classes, special classes, and special institutional schools (adolescents who are wards of the state, i.e. prisons). Regular school and homebound settings are preferred by the Agency. The number of adolescents served in each setting is not known. No statistics are available at this time regarding the number of dropouts and reasons for dropping out.

The Department of Education has developed a policy (Chapter 71, Section 380, Sex Education; Advisory Committee) requiring a sex education committee to be formed if a school district elects to teach sex education. This 11-member committee must meet with the school committee at least once every other month to advise the school committee concerning reading, visual aids and other material pertaining to sex education. The levels at which the subject matter will be taught is a local option. Instructors of sex education are not required to receive specific training.

COLLABORATION: The Department of Education collaborates with the Executive Office of Human Services (which includes Departments of Health and Welfare) on health services for pregnant adolescents/adolescent parents.

STAFFING: In the Department of Health, the Project Director of Adolescent Health spends 50% of the time working on adolescent parenthood program development. No one in the Social Services Department has been assigned with this specific responsibility.

STATE-LEVEL ACTIVITIES: The Governor's Family Life Commission, although not specifically formed to address adolescent pregnancy and parenthood issues will probably consider this group in its recommendations to the Governor in the fall of 1979. Pregnant adolescents/adolescent parents or their parents are not presently involved in the state-level policymaking process. However, the Massachusetts State Board of Education has a policy which requires that any special group of students who would be affected by a policy paper must have a representative from their group who participates in the development of the policy paper. Therefore, any policy paper which would concern pregnant adolescents or adolescent parents must include a representative from this group in the policy paper development.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However adolescents do receive services as part of other federal and state categorical programs such as W.I.C.

HIGHLIGHTS: In Massachusetts, agency policies and staffing, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Family planning services are available to all adolescents (Department of Health and Department of Social Services policies). The Department of Education and the Executive Office of Human Services (Departments of Health and Welfare) collaborate regarding health services for pregnant adolescents/adolescent parents, and the Department of Health has published a school health program guide for school administrators. There is a staff member in the Department of Health who spends 50% of the time on adolescent parenthood program development. Another important facilitator of services delivery in Massachusetts is the Governor's Family Life Commission which is expected to include pregnant adolescents/adolescent parents in its recommendations to the Governor.

MICHIGAN - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Michigan which specifically address health services to pregnant adolescents/adolescent parents, the Department of Public Health indicated that adolescents may receive family planning services without parental consent.

An Interagency Committee for Services to High Risk Children and Their Families has published A Comprehensive and Integrated Model of Services for Pregnant Adolescents, School-age Parents and Their Families which outlines program goals and delineates services to pregnant adolescents/adolescent parents, their children, fathers, and extended families.

The Michigan Department of Social Services Manual Section A-111, Family Planning Services, provides guidelines for family planning service delivery to minor children without parental permission or notification. Section A-405 of the Manual provides guidelines for day care service delivery to parents who are participating in an education or training program. The Medical Assistance Eligibility Manual, Section 204.2, Medical Assistance for Expectant Parents, states that MA is available to an expectant parent who meets the eligibility requirements for Program N (deprivation of parental care and support). Financial eligibility is determined as in Program N counting the expectant mother and unborn child as one person.

The Department of Education reported that Public Act No. 242 of 1970 protects pregnant students from expulsion from a public school because they are pregnant, allows pregnant persons who are under the compulsory school-age to withdraw from regular public school, and allows local school districts to develop and provide an accredited alternative education program for pregnant persons who voluntarily withdraw from the regular public school program. Department of Education/State Board of Education rules allow a pregnant girl under compulsory school-age to withdraw from a regular public school program when her parents submit a signed request and her physician submits a certificate that she is pregnant and that continued attendance in school may adversely affect her health or that of her child. These rules also forbid school authorities to coerce a pregnant girl to withdraw from regular school, allow readmission to the regular school after withdrawal, and provide for accredited alternative school programs for pregnant girls. Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (Michigan School Code, Part 24, Section 1561 - Compulsory School Attendance). Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, and alternative school settings. The Department of Education prefers that services be rendered in the regular or alternative school settings.

The Department of Education follows the law (PA 226 of 1977) which allows (but does not require) the teaching of sex education (including birth control information) in the public schools, K-12. The Department has developed guidelines which were approved in 1978 to assist local school districts in developing their plans (Sex Education Guidelines, including Reproductive

Health and Family Planning, Michigan Department of Education). This topic is part of the state comprehensive health curriculum although sex education can be incorporated into other subject areas. The Agency specifies that instructors of sex education programs are required to receive special training through inservice training or college course work.

COLLABORATION: The Departments of Public Health, Mental Health, Social Services and Management and Budget collaborate on the Interagency Committee for Services to High Risk Children and Their Families. As a result of this collaborative effort an interagency statement of agreement, recommendations, and a program plan, *A Comprehensive and Integrated Model of Services for Pregnant Adolescents/School-age Parents and Their Families* has been developed.

STAFFING: The Department of Public Health has a staff person who spends 100% of his/her time working with adolescent parenthood program development. The position has included this responsibility since 1979. The title of the person is Administrator of Improved Pregnancy Outcome (IPO) Program.

STATE-LEVEL ACTIVITIES: Although there are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues, the Committee for Services to High Risk Children and Their Families has made adolescent families one of its major focus areas. Adolescents may participate in the state-level policymaking process through the Family Planning Advisory Committee and the IPO Advisory Committee.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs.

HIGHLIGHTS: Service delivery to pregnant adolescents/adolescent parents in Michigan is facilitated by statutes, policies, rules and regulations, resolutions, action statements and program plans. Any minor in Michigan may receive contraceptive and pregnancy testing services. *A Comprehensive and Integrated Model of Services for Pregnant Adolescent/School-age Parents and Their Families* has been developed by the Interagency Committee for Services to High Risk Children and Their Families. A state statute allows (but does not require) the teaching of sex education in the public schools K-12; the Department of Education has developed sex education guidelines to assist local school districts in developing their plans. A Department of Public Health staff member works full-time on adolescent parenthood program development. Adolescents may participate in the state-level policymaking process through the Family Planning Advisory Committee and the IPO Advisory Committee.

MINNESOTA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes or policies in Minnesota which specifically relate to health services for pregnant adolescents/adolescent parents, two statutes and an attorney general's opinion provide a general framework for health services to minors.

Minnesota Statutes 144.341-347, Consent of Minors for Health Services states that any minor who is living separate and apart from his parents or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing his own financial affairs, may give effective consent to medical and other health services for himself, and the consent of no other person is required. Any minor who has been married or has borne a child may give effective consent to medical and other health services for herself, and the consent of no other person is required. Any minor may give effective consent for medical and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, and the consent of no other person is required. A minor so consenting for such health service shall thereby assume financial responsibility for the cost of said services. Attorney General Opinion 494-b-39, August 25, 1972, states that it is not a crime for physicians to furnish birth control devices to minors. Statute 145.925, Subdivision 4 states that any person employed to provide family planning services who is paid by funds provided under this section who advises an abortion or sterilization to any unemancipated minor shall, following such recommendation, notify the parent or guardian of the reasons for such an action. In 1979, the legislature considered H.F. 4 which would have revised Minnesota statute 145.925 to require family planning employees who advise an abortion or contraceptive use to any unemancipated minor to notify the parent or guardian of the reasons for such an action before making the recommendation. This bill died in committee.

The Departments of Health and Public Welfare reported that no regulations or policies pertaining to pregnant adolescents/adolescent parents have been developed.

The Department of Education reported that state statutes have been developed with respect to pregnant adolescents/adolescent parents. Section 363.01, subd. 29 defines "sex" as including pregnancy, childbirth, and disabilities related to pregnancy or childbirth and 363.03, subd. 5 states that it is an unfair discriminatory practice to discriminate in the full utilization of or benefit from any educational institution, or the services rendered thereby to any person because of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance or disability. Agency rules and regulations have also been developed with respect to pregnant adolescents/adolescent parents. Education Code 120, adopted in 1977, although it does not specifically mention adolescent pregnancy and/or school-age parents, outlines standards and procedures for the provision of special education instruction and services for handicapped children and youth.

Pregnant adolescents/adolescent parents, like all other students, are subject to compulsory school attendance laws until age 16 (Minn. Stat. 120.10). Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound, or special class. The Agency prefers the regular school. During the 1977-78 school year, 123 female dropouts gave pregnancy as a reason for dropping out; 298 gave marriage as a reason for dropping out.

The Family Life and Sex Education Position Statement, adopted by the Department of Education in November, 1966, states that a sequential, coordinated sex education program for grades K-12 is necessary if children are to be provided a sound basis for making rational judgments regarding human interaction, and that three policies should be emphasized in implementing a program:

1) Public schools should initiate discussion, disseminate information and prepare to provide positive leadership to bring the school districts to a point where family life and sex education instruction will be considered a necessary component of a sound curricular program;

2) The parents must be constantly informed; and

3) The community must be brought to a point of readiness for whatever program is developed.

[illegible]ervice education of teachers must parallel any curriculum development [illegible] this area. The Family Life and Sex Education curriculum is not required by the Department and special training for instructors of sex education programs are not specified.

COLLABORATION: None of the state agencies reported being engaged in formal collaboration with other state agencies on specific issues relative to the needs of pregnant adolescents, adolescent parents and/or their children.

STAFFING: The Department of Public Welfare has a staff person who spends 10% of his/her time working with adolescent parenthood program development. The position has included this responsibility for 20 years. The title of the position is Service Generalist. The Department of Health has not assigned a person with responsibility to work on adolescent parenthood program development. However, the Family Planning Unit Supervisor acts as liaison with programs for pregnant adolescents/adolescent parents.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescents/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: The Department of Education provides funding to LEAs specifically for programs for pregnant adolescents/adolescent parents and their children through Special Education State Aid. Aid for homebound is given with a physician's statement that the woman should not be in school for health reasons.

HIGHLIGHTS: In Minnesota a state statute, an attorney general opinion, as well as agency position statements, plans and staffing provide a climate which facilitates services delivery to pregnant adolescents/adolescent parents. Any minor may obtain pregnancy testing and treatment (Minnesota Statutes 144.341-374) and contraceptive services (Attorney General Opinion 494-b-39). The Department of Education adopted a position statement which recommends a Family Life and Sex Education program in grades K-12. The Department of Public Welfare has a staff person who spends 10% of the time on adolescent parenthood program development, and the Department of Health has one staff person who acts as a liaison with adolescent parent programs.

MISSISSIPPI - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Mississippi which specifically address pregnant adolescents/adolescent parents, there is a statute which provides a general framework for health services to minors. Mississippi Code, Chapter 42, Family Planning, Section 41-42-7, states that contraceptive supplies and information may be furnished by physicians to any minor who is a parent, is married, has the consent of his/her parent or legal guardian, or who has been referred for such service by another physician, a clergyman, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of the state. In addition, the Board of Health indicated it has developed policies (not specified) and program plans (MCH Plan and State Plan for Family Planning Services) which have general application to pregnant adolescents/adolescent parents.

The Department of Public Welfare indicated that Mississippi law extends Medicaid coverage to any unborn fetus over the age of 4 months who qualifies under the state's approved plan under Title IV. Eligibility is established based on ADC eligibility requirements. Payments are made to the mother of the unborn so that she can receive proper prenatal care (Bulletin number 2998, June 27, 1978 to County Welfare Departments from Commissioner of Public Welfare). After the birth of the baby, if the mother is an unmarried minor, there are several payment options (Welfare Manual, Volume III, Section E):

1) If the young mother is mature enough to be the payee, she and the baby are included in the money payment budget along with the young mother's income.

2) If the young mother is immature and is already included in an ADC budget as an eligible recipient, the baby is added to the ADC budget along with the other ADC recipients and the payee.

3) If the young mother is immature and is not a recipient, it must be determined whether or not the relative who is to be the payee can be included in the budget as a needy caretaker.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (Mississippi Code, Chapter 483, Section 1). Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, special class, and special school. The Department has no preferred location for services. 748 students gave pregnancy as a reason for dropping out of school in 1977-78 and 594 gave marriage as a reason for dropping out.

The Department does not address the issue of sex education in the public schools with a policy. This is a decision of local school boards. The Department's curriculum guidelines include sex education at the elementary (pilot programs only), middle school/junior high school, and senior high school levels through home economics. There are no courses for sex education instructors listed under state accreditation.

COLLABORATION: The Department of Education collaborates with the State Board of Health regarding inservice training for teachers. The Department of Health participates in inservice programs in health education by providing information and, in some cases, personnel who provide the training. These programs frequently include the topic of adolescent pregnancy.

The State Board of Health collaborates with the Department of Public Welfare regarding family planning counseling and educational and medical services. As a result of this collaborative effort a contractual agreement has been developed to serve certain Title XX eligible adolescents with family planning services.

STAFFING: The State Board of Health and the Department of Public Welfare have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs.

HIGHLIGHTS: There are agency plans and interagency collaboration in Mississippi which facilitate service delivery to pregnant adolescents/adolescent parents. The Department of Education has developed suggested K-12 home economics curriculum guides which include sex education. The Department of Health provides inservice health education training for teachers (which often includes the topic of adolescent pregnancy). The Departments of Health and Public Welfare also collaborate on provision of family planning services to minors.

MISSOURI - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes which specifically relate to pregnant adolescents/adolescent parents and their children in the state of Missouri. However, two statutes provide a general framework for health services to minors. Any minor may consent for treatment for pregnancy, excluding abortions (RSMO 431.061). Only minors who have the written consent of a parent or guardian or who have been emancipated by marriage or by court order may consent for abortions (RSMO 188-015-075, enacted June, 1979). Enforcement of this law has been stayed by the U.S. District Court for the Western District of Missouri. (Hearing was scheduled for October 15-20, 1979.) Consent for other surgical or medical treatmen may be given by a minor if she has been married or is a parent (RSMO 431.061). No statutes prohibit the dissemination of contraceptive information and services to minors; however, the Division of Health has an unwritten policy requiring that the parents of unmarried minors consent for contraceptive services for the minor.

Within the Department of Health there is a policy and there are program plans which specifically address the needs of pregnant adolescents/ adolescent parents. The state W.I.C. program has a policy which encourages county health programs to target adolescents for prenatal care and W.I.C. services. Program plans have been developed by the Health Education section for adolescent parent programs in Kansas City and St. Louis.

Pregnant adolescents and adolescent parents, though not specifically mentioned in the law, are subject to compulsory school attendance through the age of 16 (RSMO-167-031). The SEA prefers that these students be served in the regular school setting; in addition, LEAs may provide special classes or homebound instruction for them. The SEA reported that 727 girls dropped out of school due to pregnancy and 1,127 dropped out due to marriage in 1977-78.

Sex education is not required. However, the SEA is in the process of developing a family living curriculum guide, with input from an advisory committee of parents and other interested citizens. No training requirements are specified for sex education instructors.

COLLABORATION: No formal collaborative efforts between state agencies were reported.

STAFFING: No state agencies have assigned staff persons with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITY: There is no state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents/adolescent parents or their parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding were identified for services specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other categorical programs such as Titles V and XX, W.I.C. and P.L. 94-142 (special education funds to provide homebound instruction for some pregnant adolescents/adolescent parents).

HIGHLIGHTS: A statute and agency policies and plans facilitate service delivery to pregnant adolescents/adolescent parents in Missouri. Any minor may obtain pregnancy treatment (RSMO 431.061). The Department of Health has developed policies and adolescent parent program plans which specifically address the needs of pregnant adolescents/adolescent parents. The Department of Education is currently developing a suggested family living curriculum guide (which includes sex education) with input from an advisory committee of parents and other interested citizens.

MONTANA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no state statutes or policies which specifically address pregnant adolescents/adolescent parents, there are three statutes which provide a general framework for health services to minors. RCM 41-1-402-04 states that a minor may consent for medical services if the minor is or was ever married, has had a child, has graduated from high school, is emancipated, is separated from his parent(s) or legal guardian and supporting himself, or is pregnant. A treating physician or other health professional may but is not obligated to inform the parents of a minor of any treatment given or needed. RCM 50-19-103 requires every female seeking prenatal care from a physician to submit a blood specimen for a serological test regardless of age or marital status. RCM 50-20-107 states that no abortion may be performed upon any woman in the absence of: her informed consent; the written notice of her husband, unless her husband is voluntarily separated from her; the written notice of a parent, custodian or legal guardian of such woman if she is under 18 years of age and unmarried.

The Department of Health and Environmental Sciences reported that program plans (not specified) have been developed for pregnant adolescents/adolescent parents; the Department of Social and Rehabilitative Services has developed program plans entitled "Pregnant Adolescent Plan."

The Office of Public Instruction reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws through age 16 and/or completion of 8th grade (Montana Revised Code - Chapter 5, Section 115, 20-5-101). LEAs provide educational services to pregnant adolescents on an individual basis as needed. The Office of Public Instruction has no preferred setting. Data on the number of female dropouts and the reasons for dropping out is not collected.

The Office does not have a policy in regard to sex education in the public schools; sex education is not required. However, the Health Education curriculum (K-12) does include units on sex education which may be taught at the local district's discretion. The state does not specify training requirements for sex education instructors.

COLLABORATION: A coalition on teenage pregnancy is being formed. It includes representatives from the Youth Division of Social and Rehabilitative Services, Montana Medical Association, Office of Public Instruction, Maternal and Child Health and Family Planning in the Department of Health and the Indian Health Service. The purpose of this collaboration is to coordinate efforts across agencies and to apply for a grant from the U.S. Office of Adolescent Pregnancy Programs. The Departments of Social and Rehabilitative Services and Health and Environment collaborate regarding family planning services for minors.

STAFFING: The Department of Health and Environmental Sciences has four persons who each spend approximately 10% of their time working on adolescent parenthood program development. The positions have included this responsibility for more than 10 years. One person is an MCH Nursing consultant, one is a nutrition consultant and two are Health Education Specialists.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However adolescents do receive services as part of other federal and state categorical programs, such as W.I.C.

HIGHLIGHTS: In Montana agency plans and staffing and interagency collaboration facilitate the delivery of services to pregnant adolescents/adolescent parents. Both the Department of Health and Environmental Services have developed program plans which emphasize adolescent pregnancy. The Office of Public Instruction has developed a suggested K-12 health education curriculum which includes sex education units. Representatives from the Departments of Social and Rehabilitation Services, and Health and Environmental Sciences, Office of Public Instruction, and Indian Health Service have formed a coalition on teenage pregnancy to coordinate efforts across agencies and to apply for a Title VI grant. There are 4 staff persons in the Department of Health and Environmental Sciences who spend 10% each of their time on adolescent parenthood program development.

NEBRASKA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Legislative Resolution 96, passed January 3, 1974, states that the problem of teenage pregnancies should be recognized and approached in an understanding and constructive way by all those involved in the state and that school boards and officials in particular should take whatever steps are needed to insure that pregnant girls of school-age, whether married or unmarried, receive the full benefits of the educational system and that they be allowed to continue their education as easily and as quickly as possible. In Nebraska, adolescents may receive family planning services without parental notification or consent.

A state statute (NRS Section 28-327-343) states requirements for abortion services. No abortion shall be performed on any woman in the absence of an informed consent unless, in the judgment of the physician, an emergency situation presents imminent peril that substantially endangers the life of the woman and the woman is unable to give informed consent or the woman is incompetent and unable to give consent. No abortion shall be performed on any woman without the passing of at least 48 hours between expression of informed consent and the performance of the abortion unless, in the physician's judgment, an emergency exits. (An order issued by Judge Urbom enjoins this portion of the law which requires a waiting period.) No abortion shall be performed on any minor under the age of 18 without her informed consent and a written statement by her indicating that she has consulted with her parent or guardian concerning the performance of an abortion, unless an emergency situation exists. The informed consent and the statement of consultation with the parents or guardian shall be retained as part of the permanent record of the attending physician for no more than 10 years. No person shall disclose any information contained in these documents, including the identity of the woman seeking the abortion, without the woman's written authorization or a court order. The Bureau of Vital Statistics, Department of Health, shall establish an abortion reporting form to be used for the reporting of every abortion performed or prescribed in the state, to include: age and marital status of pregnant woman, location of abortion facility, type of procedure, complications, attending physician, referring physician or agency, woman's obstetrical history, reasons for requesting abortion, state and county of woman's legal residence, and length and weight of aborted child, when measurable. The form shall be confidential and shall not be revealed except by court order.

The Department of Education reported that the State Board of Education adopted a resolution (April 5, 1974) urging all local boards of education to adopt a program whereby a married student or a pregnant girl who has not completed his/her high school education may elect to remain in the regular school program and shall not be involuntarily excluded from any part of the regular school program. Pregnant adolescents/adolescent parents are subject to compulsory attendance laws. However, it is possible for a student to obtain an exemption on the basis that the student must support a dependent or dependents. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, and special class. The Department prefers that services be rendered in the regular schools. In 1977-78, 164 female adolescents (ages 10-18) gave pregnancy as a reason for dropping out of school, and 165 gave marriage as a reason for dropping out.

The Department of Education has a policy (State Board of Education Policy IDBA, Health and Family Life Education) in regard to sex education in the public schools. The teaching of health and family life courses is determined by the local school boards. However, the state board recommends certain guidelines if local schools choose to offer such instruction. One of these guidelines suggests that health and family life education should not be taught prior to the 7th grade. The existing policy is not being revised at the present time. The state does not have a curriculum requirement for sex education. The Board specifies that instructors of sex education programs be married and that they comply with the special criteria for health education instructors.

COLLABORATION: There is no formal collaboration among the state agencies in Nebraska regarding pregnant adolescents/adolescent parents.

STAFFING: The Departments of Health and Public Welfare have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescents/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles X, XIX, and XX.

HIGHLIGHTS: In Nebraska there is a legislative resolution, a state statute and an agency policy which facilitate service delivery to pregnant adolescents/adolescent parents. In non-emergency situations a minor under age 18 may receive abortion services if she can give an informed consent and if she states in writing that she has consulted with her parent(s) or guardian concerning an abortion. Legislative Resolution 96 (1/3/74) recognizes teenage pregnancies as a problem which should be addressed with understanding by everyone in the state. Adolescents may receive family planning services without parental notification or consent.

NEVADA - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Nevada, state laws and attorney general opinions provide the framework for providing services to minors. Particularly noteworthy are two state statutes which are countered by attorney general opinions. NRS 129.030 requires parental consent to receive health care services unless the minor has lived separately for four or more months, is or has been married, has borne a child, or is in danger of suffering a serious health hazard if health care services are not provided. An Attorney General Opinion (2/21/77) states that this state law must defer to federal regulations which prohibit such restrictions. Both the Division of Health and the Division of Welfare reported policies which indicate compliance with the attorney general opinion. NRS 442.250(3) requires that a pregnant woman under 18 have parental consent in order to have an abortion. However, an Attorney General Opinion (10/15/76) concluded that based on the Supreme Court Decision (Planned Parenthood of Central Missouri et al. v. Danforth, et al.) this restriction is an "unenforceable interference" in a woman's right to privacy. Therefore, a minor does not need parental consent to receive an abortion. However, since Congress has limited the financial support for abortions, such services are less accessible to needy adolescents.

The Department of Education reported that NRS 392.040-120, Compulsory Education states that children between the ages of 7 and 17 are required to attend school, with certain exceptions. One exception would be if the child's physical or mental condition or attitude is such as to prevent or render inadvisable his attendance at school. A physician's statement to this effect, presented to the local board of trustees, is to be considered satisfactory evidence. Educational services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, special class, special school. The choice of setting within the school environment is left to the student. A student may determine the alternative to regular school if the latter is not meeting her particular needs at a particular time. In cases of difficult pregnancy, a doctor may advise homebound instruction, in which case the student is considered to be still in attendance. This applies only to extremely critical cases. The number of female dropouts and the reasons for dropping out in the 1977-78 school year are not available.

Sex education is not required. However, the Department of Education developed a Comprehensive Health Education Position Paper in May, 1974 (updated in 1979) recommending that human sexuality be considered as a component of the Comprehensive Health Education Program. Guidelines are provided to local school districts to help them in their development and implementation of such a program. Although no training requirements are specified for sex education instructors, the Department of Education recommends that professional development health education courses be provided to these instructors.

COLLABORATION: There are several collaborative efforts between state agencies. The Divisions of Health and Welfare have a Purchase of Service Agreement to provide family planning services in rural counties in Nevada. The Division of Welfare collaborates with Crippled Children's Services and W.I.C.

STAFFING: The Divisions of Health and Welfare have not assigned anyone with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents and adolescent parents do not participate in the state-level policymaking process.

FUNDING: No sources of funding to provide services specifically for pregnant adolescents and adolescent parents were reported. However, they do receive services as part of other categorical programs such as W.I.C., Titles X and XIX.

HIGHLIGHTS: Attorney general opinions, agency policies, an agency position paper, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in Nevada. An Attorney General Opinion (2/21/77) and Divisions of Health and Welfare policies provide for family planning services for minors. Another Attorney General Opinion (10/15/76) states that a minor may obtain an abortion without parental consent. The Divisions of Health and Welfare collaborate on provision of these services. The Department of Education has developed a position paper which recommends the inclusion of human sexuality in the comprehensive health education program.

NEW HAMPSHIRE - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes or policies in New Hampshire which specifically relate to health services for pregnant adolescents/adolescent parents. However, the Department of Health and Welfare indicated that adolescents may receive family planning services without parental consent. A 1975 Attorney General Opinion upholds minors rights to consent for family planning information and services.

The Division of Public Health Services reported a working paper ("Teenaged Parenthood or Kids Having Kids") has been developed with respect to pregnant adolescents/adolescent parents. The paper, prepared in collaboration with the Governor's Commission on Children and Youth, summarizes data on births to teenagers in the state, documents numerous consequences of early parenthood, describes family planning programs and their services to teens, and suggests needed approaches to the problem of teenaged parenthood, including:

1) family life education in the schools;

2) improved access for youth to family planning information and services;

3) services to teens who are pregnant; and,

4) supportive services to teenagers who are already parents.

The Division of Welfare indicated there are rules and regulations in place and program plans being developed for pregnant adolescents/adolescent parents, but did not specify what the rules and plans entail.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. No state-level special programs or educational services are provided for pregnant adolescents/adolescent parents. Local boards of education determine policies regarding pregnant adolescents. There were 3,438 female and male dropouts (ages 10-18) in the 1977-78 school year; 45 gave pregnancy as a reason and 69 gave marriage as a reason for dropping out.

The Department of Education has a policy in regard to sex education in the public schools. In February, 1970, the State Board of Education adopted a "Policy Statement Relating to a Comprehensive Health Education Program." It states that the State Board and the State Department of Education, with their responsibility for programs of basic education in the school, recommend the development of comprehensive K through 12 health programs taught by qualified teachers who have been trained in the area of health education. Each school district in the state is encouraged to study carefully its health education needs and develop programs which are consistent with these needs. The major purpose of any comprehensive health education program should be the development of attitudes and behaviors which will promote physical and mental health. Nutrition, disease prevention, education concerning alcohol, drugs and tobacco, and family living (including sex education) are a few of the essential elements of an effective health program. Guidelines for involving the community in the development of a local program are suggested. In 1975 the Department of Education issued curriculum objectives for health education in middle and junior high schools. One suggested objective is to help students develop healthful attitudes through adequate information on such topics as self-medication, drug use, nutrition, obesity, sex education, alcoholism, venereal disease and mental health. The Department recommends, but does not require, special training for instructors of sex education.

COLLABORATION: The Division of Public Health Service collaborates informally with other state agencies on specific issues relative to the needs of pregnant adolescents/adolescent parents and/or their children.

STAFFING: The Department of Health and Welfare has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles IVB, V, X, XIX, and XX and CETA.

HIGHLIGHTS: In New Hampshire, an agency working paper, rules and plans, and informal interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Adolescents may receive family planning services. The Division of Public Health has developed a working paper on needed approaches to the problem of adolescent parenthood in collaboration with the Governor's Commission on Children and Youth. Rules and program plans are being developed in the Development of Welfare for pregnant adolescents/adolescent parents. The State Board of Education and the Department of Education have a policy which recommends a K-12 health program which includes sex education. The Division of Health informally collaborates with other state agencies regarding adolescent pregnancy and parenthood.

NEW JERSEY - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in New Jersey which specifically address adolescent pregnancy and parenthood, there is a statute and a Department of Human Services policy which provide a general framework for health services to minors. State statute 9:17A-1-5 states that a married or a pregnant minor may consent to the performance of medical or surgical care and procedures. Consent of the parent(s) of an unmarried, pregnant minor is not necessary in order to authorize hospital, medical or surgical care related to her pregnancy or her child. However, medical staff or physicians may, but are not obligated to, inform the spouse, parent, custodian or guardian of any such minor as to the treatment given or needed. Such information may be given to or withheld from the spouse, parent, custodian or guardian without the consent of and even over the express refusal of, the minor patient.

Social Services Transmittal Letter number 75-9-71 outlines the Division of Youth and Family Services policy on family planning. The policy states that information and counseling on family planning shall not include abortion as a planning method. In certain situations, however, the social service worker shall inform clients of the availability of abortion services as one of the alternatives open to the client. Normal procedure requires that the worker deal with pregnant minors as part of the family unit. In instances where the parents, guardian or putative father are opposed to the course of action favored by the minor, the minor's choice of alternatives shall govern. Consent of the minor's parent(s) or guardian is not required nor is consent of the putative father. If a minor under the age of 15 seeks an abortion and her parents or guardian are opposed to the procedure, the social worker is advised to notify his/her regional supervisor. The policy further states that, in accordance with federal regulations, family planning services must be made available without regard to marital status, age or parenthood and that the service worker should offer or discuss family planning services as part of the service plan when such services may reduce or eliminate the incidence of unwanted pregnancies among teenage clients. Two bills currently before the legislature (S-1110 and A-1285) provide that a physician must inform parents about an abortion for unmarried adolescents under 18.

The Department of Health reported that Family Planning programs in New Jersey are independent and are not run by the state. They may be located free-standing or in hospitals, health departments or community action programs sub-contracted with the state to provide services. As such, their policy regarding provision of services to minors may be dictated by the community in which the clinic exists. Some clinics provide services to unmarried minors without notification/consent of parents while others do not.

The Department of Human Services reported that the Public Assistance Manual (8541-3) provides coverage for financially eligible individuals beginning with the medical determination of pregnancy and ending with delivery of the child (including expenses of the delivery). Postnatal care for the mother is covered by AFDC if she is under age 21.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Educational services are offered to pregnant adolescents/adolescent parents at the following locations: regular school (preferred by the Department); homebound class (rejected by the Department unless physician sees specific need); special class; special school; private schools (rejected by the Department); and adjusted program (students come part-time and do not take all classes; the Department also prefers this location). In 1977-78, 286 students gave pregnancy as a reason for dropping out of school.

After an 8-month study by a 5-member subcommittee, the New Jersey Board of Education voted in August, 1979, to require Family Life Education in all public elementary and secondary schools in New Jersey by September, 1981. The Commissioner of Education was asked by the Board to prepare guidelines and administrative code changes to be voted on by the Board later in the year. The program will be part of a comprehensive health education curriculum for K-12th grades. Parents or guardians will have the option to have their children excused from any parts of the sex education portion of the program conflicting with the parents' conscience. In addition to the Family Life Education requirement, districts will be required to provide appropriate services to assist pregnant adolescents and adolescent parents. A second and final vote on requiring sex education is expected by June, 1980.

COLLABORATION: The Departments of Health, Education and Human Services are collaborating on a Task Force to make recommendations to the State Board of Education on Family Life Education policy and curriculum development.

STAFFING: The Departments of Human Services and Health have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs, such as Titles V, X, XIX and XX, P.L. 94-482, W.I.C. and the state handicapped reimbursement.

HIGHLIGHTS: Service delivery to pregnant adolescents/adolescent parents in New Jersey is facilitated by agency policies and plans and interagency collaboration. The Departments of Health, Education and Human Services have collaborated to make recommendations to the State Board of Education on family life education policy and curriculum development. As a result of their efforts, the Board has voted to require family life education as a part of the health education curriculum in all schools, grades K-12, by September, 1981, and to require all school districts to provide appropriate services to assist pregnant adolescents/adolescent parents.

NEW MEXICO - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes or policies in New Mexico which specifically relate to health services for pregnant adolescents/ adolescent parents. However, the Department of Human Services has developed policies and rules and regulations which provide a general framework for health services to minors.

HSSD-SSA, Section 400, Family Planning Services outlines the policy regarding provision of services, which includes:

1) Teenage women should receive special emphasis;

2) All persons are entitled to information concerning the availability of family planning services, upon request; and

3) Family planning services are available to eligible persons without regard to their age, sex, marital status, or the consent of their parents or spouse.

Procedures outlined include:

> If the client is married or engaged in a sexual relationship, the worker should encourage the client to ask the spouse or partner to participate in the family planning discussions. A minor who desires to should be supported in asking his or her parents to participate. Such participation is desirable, but not a prerequisite for receiving services.

In addition, the New Mexico Medical Assistance Program Manual, Section 310-M, Family Planning Services, states that family planning services will be offered in all appropriate cases to individuals of child-bearing age, including minors who can be considered sexually active.

The Department of Health and Environment reported the development of program plans relative to pregnant adolescents/adolescent parents, but did not delineate the plans.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (Public School Code, Article 10). Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school and a special school (New Futures School, Albuquerque). The Department prefers that services be rendered in the regular school. The Department reported 198 school dropouts due to pregnancy and 399 dropouts due to marriage in 1977-78.

The State Board of Education in 1970 adopted a policy allowing local school districts to implement sex education based upon local community perceptions and needs. Guidelines have been developed and approved by the State Board of Education for "Family Life and Personal Development." The curriculum guide includes sex education at the middle school/junior high school and senior high school levels, through home economics and health education. Although the Department of Education does not specify special training for instructors of sex education, in their "Guidelines for Family Health and Personal Development" they recommend criteria for selection of teachers and endorse inservice training for them.

COLLABORATION: The Department of Education collaborates with the Health and Environment Department on planning regarding the needs of pregnant adolescents, adolescent parents and/or their children.

STAFFING: The Department of Health and Environment has assigned a position which includes responsibility for working on adolescent parenthood program development. The position will devote 30% of the time to this function. The title of the position is IPO Project Assistant Director.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as vocational education funds, CETA, Titles X and XX, and DHEW's Human Development Services.

HIGHLIGHTS: Agency policies, plans and staffing, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in New Mexico. Family planning services are available to all persons, with special emphasis on adolescents (HHSSD-SSA, Section 400). The Department of Health and Environment has developed program plans for pregnant adolescents/adolescent parents. The State Board of Education has developed suggested guidelines for family life and personal development which include sex education in middle school through high school in home economics and health education. Collaboration occurs between the Departments of Education and Health and Environment regarding pregnant adolescents and adolescent parents.

NEW YORK - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in New York which specifically relate to pregnant adolescents/adolescent parents, there are some agency policies which provide a framework for health services to minors. The Departments of Health and Social Services do not require parental notification or consent for provision of family planning services to minors.

Both departments have developed program plans which specifically address the problem of teenage pregnancy. The Department of Social Services, in 1979, issued an RFP as a part of its overall approach to the problem. The RFP solicited training projects to train service providers in the knowledge and skills necessary to provide or refer for preventive and supportive care and services to children and adolescents at risk of pregnancy, pregnant adolescents and young parents. Funds from federal Titles IV-A, XIX and XX were used to fund the projects.

At the request of the governor, the legislature appropriated $750,000 of the 1978-1979 Supplemental Budget to be used to address the problem of teenage pregnancy. Through the Department of Social Services, 17 local organizations were awarded funds for programs to provide supportive services and care to pregnant teenagers and young parents, as well as family planning services.

The Department of Education has a policy, Educating School-Age Parents in New York State, which encourages school districts to permit a pregnant student to remain in the regular instructional program if it is in her best interest and recommends that individualized programs, educational options (homebound, special group instruction program, or regular school) and comprehensive health, social service and education services should be available to pregnant adolescents.

A State Education Department Steering Committee, composed of representatives from the health, home economics, guidance, parenthood education, mass communications divisions and other divisions as needed, is currently working with 3 pilot projects in rural areas to establish community based efforts for dealing with the problem of adolescent pregnancy. A coordinator in the area's occupational school works with 3 local school districts to set up advisory committees and a program of community services coordinated through the schools. Additional funding has been requested to continue this project and to establish a similar project in New York City.

Pregnant adolescents/adolescent parents are subject to state compulsory attendance laws. The New York Education Law requires that minors from 6-16 attend full-time day instruction, and that resident pupils over 5 and under 21 are entitled to attend in the school districts in which they reside. Educational services are offered to pregnant adolescents/adolescent parents in the regular classroom, homebound class, special classes, special Board of Cooperative Education Services (BOCES) schools, and in Adult Continuing Education. The Agency prefers the regular classroom and BOCES settings.

The Department of Education has a policy, Family Life and Sex Education, adopted in 1975, which recommends that sex education be included at all levels of education as an integral part of the school health education curriculum. Guidelines for such inclusion are provided in the policy. Although there is no separate training requirement for instructors of sex education, instructors do have to be certified to teach Health Education.

COLLABORATION: The Departments of Health and Education colloborate on the School Health Task Force which is working on a State Health Plan. As a result of the collaborative efforts, a Robert Wood Johnson Foundation grant to improve school health services has been awarded to the Department of Education. The Departments of Health, Education, Labor, the Health Planning Commission, the Council on Children and Families, and the Division for Youth collaborated with the Department of Social Services to develop a report with data concerning teenage pregnancies in New York State, an analysis of existing programs and recommendations for developing and expanding needed services and care. This report, Teenage Pregnancy - A Report to Governor Hugh L. Carey from the New York State Department of Social Services, was prepared in 1978.

STAFFING: The Department of Health has not assigned staff with specific responsibility for adolescent parenthood program development; it is part of the MCH responsibility and family planning bureau function. There is one staff person in the Department of Social Services who spends 100% of the time working on adolescent parenthood program development. The title of the position is Teen Pregnancy Project Associate.

STATE-LEVEL ACTIVITIES: At the request of the Governor that the Department of Social Services and other agencies work to ensure that adequate services be provided to pregnant adolescents/adolescent parents and that appropriate family planning services be provided for adolescents, the Department of Social Services appointed a Task Force on Teenage Pregnancy. The Task Force is composed of persons outside state government who have knowledge and experience with issues related to teenage pregnancy. The Task Force aids the Department in defining service needs, identifying types of services and delivery systems in the community, identifying service gaps and developing recommendations for actions to be undertaken at the local, state and federal levels of government.

Pregnant adolescents/school-age parents or their parents are not currently involved in the state-level policymaking process, but provisions for their participation in the state Adolescent Pregnancy Project Advisory Committee are being made by the State Department of Education.

FUNDING: The State has appropriated funds for participation in a pilot program, the Adolescent Pregnancy Project, for pregnant adolescents/adolescent parents and their children. Three BOCES regions have received planning and development grants through this program which is funded through the regular state education budget. Funding level for the 1978-79 fiscal year was $75,000; funding authorized for FY 79-80 is $150,000. The program has included curriculum development, parent education and parenting education components and in the future will include a special education component. Needs assessment and resource analysis are two important objectives of the program.

In response to the Department of Social Services Report, Teenage Pregnancy, the Governor requested $1 million in the 1978-1979 Supplemental Budget to begin to address the issue. The legislature agreed to appropriate such funds, and, as a result, awards of $750,000 were made in February, 1979, through the Department of Social Services to 17 local organizations to deal with the problem of teenage pregnancy. The programs provide supportive services and care to pregnant teenagers and young parents, as well as family planning services.

Adolescents also receive services as part of other federal and state categorical programs such as Titles IVA, V, X, XIX and XX; W.I.C.; and Appalachian Regional Commission funds.

HIGHLIGHTS: In New York there are agency policies and program plans which facilitate service delivery to pregnant adolescents/adolescent parents. Family planning services are provided to minors on their own consent. A Department of Education policy on Family Life and Sex Education recommends that sex education be included in school health curriculum at all grade levels. Collaborative efforts among state agencies have resulted in a Robert Wood Johnson Foundation grant to improve school health services, a report entitled, Teenage Pregnancy - A Report to Governor Hugh Carey from the New York State Department of Social Services, and funding for several programs including training projects for service providers (administered by the Department of Social Services using federal funds), 17 local adolescent parenthood programs (administered by the Department of Social Services using state supplemental budget funds), and 3 Adolescent Pregnancy Projects (administered by a State Education Department Steering Committee using state education budget funds). A staff person in the Department of Social Services spends full time on adolescent parenthood program development.

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NORTH CAROLINA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in North Carolina which specifically address health services to pregnant adolescents/adolescent parents, there are two statutes which provide a general framework for health services to minors. General Statutes of North Carolina 90-21.5, Minors Consent Sufficient for Certain Medical Health Services, provides that any minor may give effective consent to a physician for the prevention, diagnosis and treatment of... pregnancy. G.S. 14-45.1, When Abortions Not Unlawful, states that it is not unlawful for a woman to procure an abortion by a licensed physician during the first 20 weeks of pregnancy. Senate Bill 612, An Act to Create a Commission for the Study of Adolescent Health Problems, was not passed; the purpose of the Commission would have been to examine problems including prevention of adolescent pregnancy, needs of pregnant adolescents, and health and sex education needs of adolescents. Attorney General Opinions on January 28, 1975 and September 20, 1976 state that the only consent necessary for a minor female to have an abortion during the first trimester of her pregnancy is her own. An action plan, "A Child Health Plan for Raising a New Generation," endorsed by the Governor and written through the cooperation of private sector pediatrics associations and the State's Division of Health Services, outlines a model county program plan and suggests ways to develop such a plan for health services needed by children at various ages. Included in the model plan would be family planning services, parenting education, obstetric/gynecologic consultation and/or supplementation, and educational alternatives with special emphasis on sexually active, unmarried teenagers considered to be "at risk" and individuals involved with an undesired pregnancy.

The Division of Social Services reported rules and regulations (Family Services Manual, Volume 5, Chapter 5 regarding eligibility of sexually active minors to receive family planning and abortion services without parental consent, and Volume 5, Chapter 15 regarding services to individuals who are involved with an undesired pregnancy, including adolescents). In addition, the Division of Social Services has formulated an Operational Program Plan for Individual and Family Support Services, which deals with training county social services staff and other local agency staff in prevention of teenage pregnancies and in development of informational materials for the general public and agency personnel about family planning and problem pregnancies.

The Statewide Advisory Council for Regionalized Perinatal Health Care adopted a resolution recommending that the Department of Human Resources extend medical care to indigents, including adolescents, especially expectant mothers and infants. The Department of Public Instruction reported that the General Statutes of North Carolina, Chapter 115-360, provides for a system of educational opportunities for children requiring special education, including pregnant adolescents. G.S. 115-204.1 establishes a comprehensive school health education program for K-9th grades and, if local resources permit, through the 12th grade, to include family living. H.B. 974, effective July 1, 1979, appropriates funds to the State Board of Education to provide health education coordinators in school units to provide leadership in teacher training, curriculum development and coordination of community resources in health education.

Pregnant adolescent/school-age parents are subject to compulsory school attendance laws. Services are offered to pregnant adolescents/school-age parents at the following locations: regular school, homebound classes, special class, and special school. In October, 1973, the Department adopted guidelines for schools which decide to plan and implement sex education programs. In addition, sex education is included in the Department's curriculum guidelines for Health Education, as part of the family living unit; special training for instructors of sex education programs is not required.

COLLABORATION: The Division of Health Services collaborated with the Department of Public Instruction in sponsoring a Focus conference in 1978 and in publishing a conference report regarding services provided to infants, young children and their families; in addition they collaborated on a conference regarding services to pregnant and parent teens in 1977. The Division of Social Services and the Department of Public Instruction collaborate in advocating increased funding for H.B. 5[illegible]0 which strengthens human sexuality and family planning elements of the health education curriculum. The Division of Social Services and the Division of Health Services collaborate on outreach to teens with information regarding human sexuality and contraceptive services and on positive pregnancy outcomes for high risk women (including adolescents under 16). The Division of Social Services and the Division of Medical Services collaborate regarding EPSDT and medical care for sexually active adolescents and teenage parents. The Department of Public Instruction, Division of Health Services, Department of Administration and others participate in the Task Force on Human Development and sexuality which sponsored a Conference on adolescent sexuality for adults who work with youth.

STAFFING: The Division of Health Services has not assigned staff with specific responsibility for adolescent parenthood program development. There is a staff person in the Division of Social Services who spends approximately 10% of the time on adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exlusively with pregnant adolescent/adolescent parent issues; however, adolescents are members of the state-level Committee for Family Planning.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Title III, IV A and B, V, X, XIX and XX; CETA; WIN; and Vocational Education funds.

HIGHLIGHTS: In North Carolina there are statutes, rules and regulations, action statements and program plans which facilitate the provision of services to pregnant adolescents/adolescent parents. Any minor in North Carolina may receive treatment for prevention, diagnosis and treatment of a pregnancy (G.S. 14-45.1). Any woman in North Carolina can consent to an abortion by a licensed physician in the first 20 weeks of pregnancy (G.S. 14.45.1). Collaborative agency efforts have resulted in "A Child

Health Plan for Raising a New Generation," a Focus conference and publication on services to infants, young children and their families and a conference on adolescent sexuality for adults who work with youth. A comprehensive school health education curriculum, including sex education, has been established, and funds are provided to the State Board of Education for hiring health education coordinators to assist local school systems in curriculum development and coordination of curriculum development and coordination of community resources. In addition, the Department of Public Instruction has adopted guidelines for schools which decide to plan and implement sex education programs. A staff person in the Division of Social Services devotes 10% of his/her time to adolescent parenthood program development. Adolescents may participate in state-level policymaking as members of the Committee for Family Planning.

NORTH DAKOTA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in North Dakota which specifically relate to pregnant adolescents/adolescent parents. However, three statutes provide a framework for health services to minors. NDCC 9-02-01 requires parental consent for provision of family planning services to unmarried minors. SB 2385 (passed in the 1979 legislative session) prohibits state funds from being used for payment for abortions except when the life of the pregnant woman is threatened by a continuing pregnancy. Enforcement of a second part of the statute which prohibited public funds from being given to any person or agency which encourages, refers for or performs abortions, has been barred by a U.S. District Court (Valley Family Planning v. North Dakota). HB 1581 (1979) requires parents or guardians to be informed before an abortion can be performed on an unemancipated minor.

The Department of Health has no policies which deal with pregnant adolescents/adolescent parents.

The Social Work Manual of the Social Service Board, Chapter 321, Section 3, provides for AFDC benefits to unborn children of eligible unwed pregnant women regardless of the age of the woman.

The Department of Public Instruction reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Educational settings for pregnant adolescents/adolescent parents include regular school (preferred by the Department of Public Instruction), special class and homebound class. There were 531 female dropouts during the 1977-78 school year. Of these, 55 gave pregnancy as a reason and 71 gave marriage as a reason for dropping out. Sex education is not required in the schools, but the Department of Public Instruction takes the position that if a community wishes to have a sex education program in the schools, no individual or small group of individuals should deny the privilege to the school district. In the fall of 1979 sex education was pilot tested on a voluntary basis in several schools, grades K-12. Instructors of sex education are not required to receive special training.

COLLABORATION: The Department of Health collaborates with the Social Service Board regarding referrals, and the two agencies have developed a formal agreement for the Department of Health to provide and receive reimbursement for family planning counseling services to welfare-eligible clients. In addition, the Departments of Health, Social Services and Public Instruction and other organizations have collaborated to develop a suggested sex education curriculum for the schools.

STAFFING: The Department of Health has a staff person who spends 100% of the time working on sex education or family planning activities. The Social Service Board has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as W.I.C., Title X, Title V and AFDC.

HIGHLIGHTS: Agency plans and staffing, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in North Dakota. The Departments of Health, Social Services and Public Instruction have collaborated to develop suggested sex education curriculum for grades K-12. The Departments of Health and Social Services also collaborate on provision of family planning services to welfare eligible clients (teens must have parental consent to receive these services). In the Department of Health one full-time staff person works on sex eduction and family planning activities.

OHIO - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Ohio which relate to pregnant adolescents/adolescent parents. However, agency policies provide a framework for health services to minors. The Family Planning unit of the Department of Health has a policy assuring that contraception and pregnancy testing services be provided adolescents, as required by Title X federal guidelines.

The Department of Welfare reported that policies and regulations concerning welfare recipients in general have been developed. The only Medicaid coverage for an adolescent who is pregnant or who is a parent would be as a covered Aid to Dependent Children (ADC) recipient unless a specific disability would indicate coverage under the regular Medicaid program. The minor parent would have to meet all ADC requirements and would then have the same benefits as any other ADC recipient such as the $20.00 special allowance during pregnancy. Title XX plans include a wide range of services to all eligible individuals. Family planning is available to all.

The Department of Elementary and Secondary Education reported two attorney general opinions relating to pregnant adolescents/adolescent parents. A.G.O. #2147, of 1961 states that all students under the age of 18, whether single, married and/or pregnant, are entitled to attend school. A.G.O. #77-001 of April, 1977, states that all children of compulsory school age, whether married or single, are subject to the compulsory attendance provisions of R.C. Chapter 3321 unless exempted or excused from attendance for one or more of the statutory reasons set forth therein. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound classes, special classes, special school (Board of Education offices or designated building).

The Department of Elementary and Secondary Education has no sex education policy, but the suggested health education curriculum includes sex education at the elementary, middle school/junior high, and senior high school levels. The Department does not require special training for instructors of sex education.

COLLABORATION: The Departments of Health and Elementary and Secondary Education collaborated in the development of a family living curriculum which is now being pilot tested. The Department of Health also funds workshops on human sexuality for teachers.

STAFFING: The Departments of Health and Public Welfare have not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents may be involved in the state-level policymaking process through annual hearings on the state W.I.C. plan and semi-annual hearings for Title XX planning.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, XIX, and XX, W.I.C., and ADC.

HIGHLIGHTS: In Ohio there are attorney general opinions, agency policies and regulations which facilitate service delivery to pregnant adolescents/adolescent parents. Minors may consent for family planning services. Although sex education is not required by the Department of Elementary and Secondary Education, it is a suggested component of health education curricula in grades 1-12. A family living curriculum was developed through the collaborative efforts of the Departments of Health and Elementary and Secondary Education and is now being pilot tested. The Department of Health funds workshops on human sexuality for teachers.

OKLAHOMA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Oklahoma which specifically relate to pregnant adolescents/adolescent parents, there are statutes, attorney general opinions, agency policies, rules and regulations, resolutions and program plans which provide a general framework for health services to minors. Oklahoma State Law, Chapter 161.63. O.S., Sections 2601-2602 was passed by the legislature in 1976. The law allows minors to consent for health services related to pregnancy (except abortion and sterilization) under the following circumstances:

1. if the minor is married, has a dependent child, has graduated from high school, or is emancipated;
2. if the minor is separated from his parents or legal guardian and is self-supported;
3. if the minor is pregnant;
4. any minor parent for his/her child;
5. any spouse of a minor when the minor is unable to give consent by reason of physical or mental incapacity; and
6. any minor in need of non-emergency services for conditions which will endanger his health or life if delay would result by obtaining spousal or parental consent.

Part B under Section 2 of this Act requires that the health professional make a reasonable attempt to inform the spouse, parent or legal guardian of any emergency treatment needed or provided. The health professional may, but is not required to inform the spouse, parent or legal guardian of the minor of any other treatment needed or provided. In no instance shall the health professional reveal any information to the spouse, parent or legal guardian, without the consent of the minor, when the minor is found not to be pregnant. Section 3 states that minors consenting to health services, except those who are proven unable to pay and who receive the services in public institutions, shall assume financial responsibilities for the cost of the services incurred.

An Attorney General Opinion issued February 24, 1972, concludes that treatment or examination of a minor must be with consent of the parents or guardian. Since there is no specific statutory provision, the Family Planning Services Board may not consider a minor eligible to consent for either treatment or examination. Parental consent is a prerequisite.

An Attorney General Opinion (#76-241) of December 6, 1976 states that the provisions of 63 O.S., Sections 2601-2 (summarized above) are valid because, under the well-settled rule in Oklahoma, a legislative enactment must be presumed to be valid, and can only be nullified upon a showing that it is clearly invalid. The U.S. Supreme Court decision in the case Jones vs. T-H affirmed the District Court ruling that regulations of the Utah Division of Family Services prohibiting family planning services and information to minors without parental consent were invalid since they were in conflict with the federal Social Security Act. Since the Oklahoma statute is not a sweeping or blanket prohibition, it does not, according to this opinion, on its face value fall into the same category as the Utah regulations.

On July 19, 1977, the Commissioner of Health asked for an Attorney General Opinion on distribution of contraceptives to minors without parental consent in view of the U.S. Supreme Court decision in the case of Carey, v. Population Services International et.al. decided June 9, 1977. As of December 1978, the Attorney General had not yet replied to this request.

Agency policies include a September 4, 1975 memorandum from the Commissioner of Health to county health department directors regarding House Bill 1537, Health Services for Minors. The memorandum recommends that safeguards be taken to avoid unnecessary conflict with the implementation of H.B. 1537, including making every effort to involve parents in the treatment of minors and requesting written parental consent. If the minor refuses to involve his/her parents, a "Minor's Self-Consent Form," must be signed, and staff must document in the patient's record the services provided and the unsuccessful effort to involve the parents. The memorandum calls attention to that section of the statute which states that health professionals are not required by this act to provide health services nor are they liable for refusal to give health care.

Another memorandum to county health directors from the Acting Commissioner of Health on October 6, 1976, provides these criteria for determining a minor's eligibility for contraceptive services: current or former member of U.S. Armed Services, presently married, previous pregnancy, emancipated (not living at home or receiving financial assistance from parents/guardian) or have written consent of a parent/guardian. The memorandum notes that the major changes in the legislation are the elimination of the category of "alienated minors" who were eligible to receive services without parental consent and prohibition that contraceptive services not be furnished to an otherwise "ineligible" minor without parental consent as an "emergency service."

A memorandum from the State Department of Health to county health directors issued July 27, 1977, states that parental consent is not required to perform a pregnancy test for a minor. The county health department procedures for pregnancy tests on minors include: telling the patient her parents will not be contacted if her pregnancy test is negative; telling her that if the test is positive, she will need to tell her parents within 24 hours; offering assistance in talking to her parents and obtaining proof that the parents have been notified; and, having the patient sign a release that she understands the conditions before the pregnancy test is done. Minors who are married, have had a previous pregnancy, are/have been in the Armed Forces, or are completely self-supporting are exempt from this policy.

A memorandum dated January 31, 1978, from the Deputy Commissioner for Local Health Services advised county health department directors to ascertain the age of persons seeking treatment who might be under age 18 by requesting the potential patient's driver's license or asking for a sworn affidavit that the person is 18 years or older.

A memorandum dated February 23, 1978, from the Agency's Legal Consultant to the MCH Director states that 63 O.S., Sections 2601 and 2602, are binding. These sections state that minors have a constitutional right to free access to non-prescription contraceptives unless there is a "significant state interest" to the contrary.

Another document cited as part of the policy framework is a memorandum to the Family Planning Director from the Legal Consultant which declares that if a minor woman marries and then obtains a divorce, she may lawfully consent for family planning services on her own even if she lives with and/or receives support from her parents.

Board of Health Rules for Family Planning Centers, approved in 1973, assure that family planning services will be made available without regard to age, sex, marital status, maternity status, nationality or race. Comprehensive services may be provided to minors if they have/are married, bear proof of impending marriage, or have parental permission. (Note: This rule has not been updated to correspond to Sections 2601-2602 of 63 O.S., passed in 1976.)

In 1975, the Department of Health adopted a resolution urging the governor to convene a task force representing the state departments of Health, Mental Health, Education, Institutions, Social and Rehabilitative Services, and other public and private social agencies to plan and implement comprehensive service programs for school-age parents. The resolutions also requested that the legislature provide necessary sanction and funds to assure continuing comprehensive services for school-age parents. In 1978, the Oklahoma Health Systems Agency's Board of Trustees adopted a resolution supporting legislation which would enable licensed physicians and other personnel under the supervision of a physician to provide contraceptive materials and/or information to minors without parental consent.

The Department of Institutions, Social and Rehabilitative Services reported that information and referral services regarding family planning to unwed mothers is available to anyone regardless of income. However, family planning services are provided to minors only with the consent of their parent or other individual legally responsible for their care (DISRS Manual, Section 592.1). Family life social services (such as adoption) are available to all unmarried parents and their families regardless of income. However, a minor unmarried mother living with her parents may not freely act on her own behalf in such matters as leaving home or authorizing her own medical care. The worker must help her accept her pregnancy and involve her parents in the planning (DISRS Manual Section 528.3). Medical services, other purchased services and counseling services are provided within the parameters of a means tests and to children in need of protection.

The Department of Education reported that there is a policy regarding sex education in the public schools. "A Guide to Policies and Procedures of the Oklahoma State Board of Education," amended April 27, 1978, Section 6.18, Policies Regarding Family and Sex Education, states that family life education may be included as a part of an integrated overall educational curriculum of a school's program and that when sex education is included in the curriculum as a specific course, it should be completely voluntary, and enrollment approved by the child's parents. The local board of education has the authority and responsibility for approving the curriculum content of the course. When there is sufficient demand, the school should offer a parallel instructional program in sex education for parents and adults. The policy also recommends that teachers in this curriculum area be carefully selected according to subject matter preparation, aptitude for working with young people, and special professional training.

COLLABORATION: The Legislative Council collaborates with the Department of Health, and Institutions, Social and Rehabilitative Services, to establish economic costs of teenage pregnancy and with the Department of Health on family planning programs. The Departments of Health and Institutions (Social and Rehabilitative Services) collaborate concerning client referrals and payment for medical services. The Departments of Education and Health collaborate concerning sex education, parenting and awareness of problems of teenage pregnancy.

STAFFING: The Department of Health has two staff who devote 100% and 25% of their time respectively to adolescent parenthood program development. The first position was established in 1979 and the second in 1973. The titles of the two positions are Adolescent Services Coordinator and Director of Child Development Services. The Department of Institutions, Social and Rehabilitative Services, has two staff persons who spend 20% of their time working with adolescent parenthood program development. The titles of these positions are Staff Assistant and Program Developer. One position has existed since 1935 and the other was established in 1978.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles IVB, V, X, XIX, and XX; W.I.C.; and CETA.

HIGHLIGHTS: In Oklahoma there are agency policies, collaborative efforts and staff positions which facilitate the delivery of services to pregnant adolescents/adolescent parents. Guidelines for voluntary inclusion of sex education in a school program have been developed by the State Board of Education. There are several collaborative efforts among state agencies to improve service delivery to these adolescents. Within the Department of Health there are two staff persons who spend 100% and 25% of their time, respectively, on adolescent parenthood program development. In the Department of Institutions, Social and Rehabilitative Services, there are two staff persons who each spend 20% of their time on such development.

OREGON - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Oregon which specifically relate to pregnant adolescents/adolescent parents. However, a statute and an attorney general opinion provide a general framework for health services to minors. ORS 109.640 states that any physician may provide birth control information and services to any person without regard to the age of such person, without parental consent. An Attorney General Opinion of March 27, 1973, is in regard to the effect of the rulings of the U.S. Supreme Court in Roe v. Wade and Doe v. Bolten, and the U.S. District Court for Oregon in Benson v. Johnson on Oregon's abortion law, ORS 435.405 et. seq. Since ORS 435.435 requiring parental consent for abortions was declared unconstitutional, the Attorney General's Opinion states that ORS 109.640 must be read to permit performance of an abortion on a minor without parental consent.

The Children's Services Division of the Department of Human Resources reported action statements and program plans (not specified) have been developed with respect to pregnant adolescents/adolescent parents. The Health Division reported no policies which deal with this population.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws, according to the Department of Education. Three state statutes affect educational services for pregnant adolescents/adolescent parents: ORS 423.14 requires that pregnant students and their families be informed of special educational and other services; ORS 343.035, Special Educational Programs, includes pregnant students in the definition of handicapped children; and ORS 343.077, passed by the 1979 legislature, requires the Department of Education to adopt administrative rules for considering and obtaining special education for pregnant children and prohibits exclusion of pregnant students from attendance in the public schools.

In addition, a Department regulation (581-15-051-Minimum Eligibility Criteria for Special Education Programs, specifically Section 8, Individuals Who Are Pregnant) outlines procedures for assisting pregnant students. It states that a physician must verify the condition of pregnancy, that individualized goals and objectives for homebound students must be compatible with those developed in the regular classroom, that teachers of homebound students should hold appropriate certification, and that pregnant individuals may elect to continue attending classes in the regular school program.

Services are offered to pregnant adolescents/adolescent parents in the following educational settings: regular school, homebound class, special classes and special school (private agency programs). Information on the number of students who dropped out of school in 1977-78 due to pregnancy or marriage is not available.

Sex education is not required by the Department. However, sex education is included in the curriculum guides for Human Growth and Development at the elementary and middle school/junior high school levels and for Family Life or Parenthood Education at the senior high school level. The Department does not require any special training for instructors of sex education programs.

COLLABORATION: The Division of Health collaborates with the Division of Children's Services and the Divison of Adult and Family Services regarding medical services for pregnant adolescents/adolescent parents and with the Department of Education regarding health education.

STAFFING: The Department of Human Resources has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, X, and XIX, CETA and the state handicapped reimbursement.

HIGHLIGHTS: In Oregon, a statute, agency action statements and plans, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Contraceptive services are available to all adolescents (ORS 109.640). The Department of Human Resources has developed action statements and program plans which address adolescent pregnancy and parenthood. The Department of Education has included sex education in the suggested curriculum guides for human growth and development in grades K-junior high, and for family life or parenthood education at the high school level. The Departments of Human Resources and Education collaborate on health education for adolescents.

PENNSYLVANIA - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Pennsylvania which specifically relate to pregnant adolescents/adolescent parents, there are two statutes which provide a framework for health services to minors. 35 P.S., Act 10 of 1969, states that any minor may give effective consent for medical and health services to determine the presence of or to treat pregnancy. Medical, dental and health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the physician's judgment, an attempt to secure consent would result in delay of treatment which would increase the risk to the minor's life or health. Based on this Act and on an Attorney General Opinion of August 25, 1977, which states that an absolute parental consent requirement before providing family planning services to minors would be unconstitutional, the Department of Health provides family planning services to minors on their own consent. However, parental notification is encouraged, and services may end with parental objection unless the adolescent is emancipated, i.e., married, pregnant, or emancipated through other legal provisions.

The section of the Abortion Control Act, Chapter 34, Sec. 6601-6608, which required the consent of one parent or person in loco parentis for a person under age 18 to receive an abortion has been declared unconstitutional. The requirement that the name and address of the spouse or the name and address of the parent or person in loco parentis of a minor be kept on file in the Department of Health has also been declared unconstitutional.

Program plans of the Department of Health include abortion surveillance, high risk maternity, maternal and infant care (MIC) and improved pregnancy outcome (IPO) efforts.

Pennsylvania School Law 123.04 regarding the legal status in public school of adolescents who are married, pregnant and/or parents states that pregnant pupils may not be excluded from school and that homebound instruction or other part-time educational programs, except in extenuating circumstances will be viewed as violations of pupil rights. Pennsylvania compulsory school attendance law, School Code 24, P.S., Section 13.1326-30, requires children between the ages of 8-17 years to attend school. However, a pregnant girl who does not wish to attend school may be exempted from attendance if it can be determined that such attendance would be harmful to her health. A memorandum from a Deputy Attorney General to the Deputy Commissioner for Basic Education dated November 30, 1973, states that healthy pregnant girls under 17 are required to attend school, but the board of directors of any school district, upon certification by a physician that the child is prevented from attending school because of mental, physical or other urgent reasons, including care of the baby, may excuse such child from attending school, provided the Department of Public Instruction approves of the exemption.

An action statement, School-Age Parents and Their Education, soon to be published by the State Board of Education, informs school personnel of ways to meet their legal obligation to students who are school-age parents or expectant parents. The document addresses both male and female students.

Services are offered to pregnant adolescents/adolescent parents at regular schools and special schools. The Department prefers that services be provided in the regular school but does not reject special schools.

The Department has a policy in regard to sex education in public school, Guidelines for Sex Education in the Public Schools of Pennsylvania, 1975. The document lists guidelines which are endorsed by the State Board of Education regarding the formulation of a sex education program. The local board of school directors is charged with the authority and responsibility for administering the school program, including sex education, within its district. The Department does not require any special training requirements for sex education instructors.

COLLABORATION: The Departments of Health and Public Welfare collaborate regarding family planning service delivery. Initial efforts are underway for the Department of Health to collaborate with the Department of Education to develop an effective referral mechanism to integrate pregnant adolescents into prenatal care services.

STAFFING: If approved, there will be 3-4 persons in the Department of Health with assigned responsibility for working on adolescent parenthood program development as part of a federal Improved Pregnancy Outcome grant. Each staff person would devote 25% of his/her time to this area. The Department of Public Welfare has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, Senate Bill No. 483 providing for the establishment of an educational program for the development of family responsibilities with a $500,000 appropriation request is currently being considered. Adolescents also receive services as part of other federal and state categorical programs such as Titles XIX and XX, and P.L. 94-482, the federal Vocational Education Amendments of 1976, Subpart V, Section 150-Consumer and Homemaking Education.

HIGHLIGHTS: There are statutes, attorney general opinions, action statements and program plans in Pennsylvania which facilitate service delivery to pregnant adolescents/adolescent parents. Minors may consent for family planning services. An action statement on education of school-age parents is soon to be published by the State Board of Education. The State Board has also developed guidelines for sex education for local boards of education who may decide to establish a sex education program in their public schools. The Departments of Health and Public Welfare collaborate regarding family planning service delivery and the Departments of Health and Education have plans to develop a referral mechanism for pregnant students. A proposed IPO program, if approved, would enable the Department of Health to hire 3-4 staff persons with responsibility for adolescent parenthood program development.

RHODE ISLAND - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Rhode Island which specifically relate to pregnant adolescents/adolescent parents. However, agency policies provide a general framework for health services to minors. Although the Department of Social and Rehabilitative Services has a rule that family planning services are available without regard to marital status, age or parenthood (DSRS Manual, Sec. 510), it provides only counseling and referral services for adolescents. The Department of Health, on the other hand, restricts the availability of services to minors, requiring parental consent for provision of family planning services.

A court ruling, Lund v. Affleck (388 F. Supp. 137) in January, 1975, established that an unwed mother, regardless of age, is eligible for welfare assistance for herself and her child. A DSRS memorandum in February, 1975, instructed holders of the DSRS Family Manual that Department policy had been changed to allow Assistance Payment staff to process AFDC applications from unwed mothers under 18 years of age.

The State Board of Regents has taken a leadership role in efforts to improve education and other services for pregnant students. In 1974 the Board published recommendations reaffirming the right of all students to equal opportunity, stipulating that pregnant adolescents/adolescent parents shall not be arbitrarily excluded from any part of the school program, recommending that school programs for pregnant girls be adopted to allow for additional appropriate services, recommending that LEAs encourage adolescent parents to return to school, and requesting the SEA to provide technical assistance to LEAs attempting to respond to these recommendations. In February, 1975, the SEA's Bureau of Technical Assistance published a report on "School-Age Pregnancy" which delineates ways in which a school can serve as a coordinator of interagency services on behalf of young mothers.

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Educational services are offered to pregnant adolescents/adolescent parents at regular schools (preferred by the Department of Education), special classes, homebound class and at a special private school (Sophia Little Home). Of the 1,677 female school dropouts in the 1977-78 school year, 31 gave pregnancy as the reason for dropping out. Sex education is not currently required, nor is special training required for sex education instructors.

COLLABORATION: The Department of Health collaborates with the Department of Education on planning for the Young Parents Program in Newport. The Department of Health (MCH) also collaborates with the Department of Education and the Women's and Infants' Hospital of Rhode Island regarding the Hospital's Adolescent Parenthood Clinic. The Department of Education and the Department of Social and Rehabilitative Services collaborate on day care planning.

STAFFING: In the Department of Health (MCH), the Nursing Consultant spends 25% of the time and the Program Planner spends 20% of the time working on adolescent parenthood program development. However, this is not specifically indicated in their position descriptions. No one in the Department of Social and Rehabilitative Services has been specifically assigned this responsibility.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical program, such as Titles V, XIX and XX of the Social Security Act and Title IV-C of E.S.E.A. (Innovative and Demonstration Projects).

HIGHLIGHTS: In Rhode Island, Agency policies, plans and staffing, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. The State Board of Regents has taken a leadership role in efforts to improve education and services for pregnant students. It has recommended the adoption of school programs with appropriate additional services for pregnant girls. As a result of their recommendation, the Department of Education published a paper which suggests ways in which a school can coordinate interagency services for young mothers. The Department of Education is currently revising its suggested sex education curriculum guidelines. In the Department of Health there are 2 staff members who work part-time on adolescent parenthood program development (20% and 25% of the time, respectively). Collaboration occurs between and among state agencies regarding the Young Parents Program in Newport (Health and Education), Women's and Infants' Hospital's Adolescent Parenthood Clinic (Health, Education and the hospital), and day care (Education and Social and Rehabilitative Services).

SOUTH CAROLINA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in South Carolina which specifically relate to health services for pregnant adolescents/adolescent parents. However, two statutes and two attorney general opinions provide a general framework for health services to minors. SCC 32-565-66 states that any minor 16 years old or older may consent to any health services (except operations) without parental consent and that any minor may consent for any health service (except operations) without parental consent if a physician deems such services necessary. SCC 44-41-30(b) states that unmarried persons under 16 years of age must obtain consent of a parent or legal guardian before receiving an abortion. Attorney General Opinion #3364 (1971-72) maintains that minors 16 and older may consent for birth control pills. Another opinion dated March 11, 1976, states that a provider of health services may provide any health services (including family planning services) not involving an operation, to a minor under 16 years of age without parental consent if, in the judgment of that provider, the services are necessary to maintain the well-being of that child; the types of services involved must be the professional decision of the provider involved. The Department of Social Services reported, however, that if a minor is not eligible to receive Title XX services as a head of household or a single person "family," her parents will become aware of the services as a result of filling out the Title XX services application as head of household.

Another Attorney General Opinion (January 16, 1976), deals more specifically with pregnant adolescents/adolescent parents. It states that a minor unmarried female who gives birth to a child and receives public assistance for herself and her child is entitled to child support from her parents unless she is emancipated. Bearing a child per se does not effect the emancipation of the minor. Such a determination entails an analysis of the facts of each individual case, including whether or not the minor lives in her parents' home.

The Department of Social Services reported policies, rules and regulations and program plans which have general application to pregnant adolescents/adolescent parents. Section 2000 of the Social Services Manual establishes eligibility for Aid to Families with Dependent Children. A program plan "Life Skills Education" provides educational services to several groups including adolescent parents.

The Department of Health reported policies, rules and regulations and program plans have been developed with respect to pregnant adolescents/adolescent parents, but did not specify what these policies entail.

Pregnant adolescents/adolescent parents are not subject to compulsory school attendance laws. SCC 21-757.2(e) exempts pregnant adolescents/adolescent parents and married individuals from compulsory school attendance. A state board of education policy (IDDC) requires that any student who is unable to attend school due to pregnancy be given homebound instruction. Attorney General Opinion #3191 (September 28, 1971), limits the dismissal of pregnant/married students to cases where such pupils interefere with and are detrimental to the educational process.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, special class, and special school at LEA option. There were 3,218 female dropouts (ages 10-18) in the 1977-78 school year, 361 of whom gave pregnancy as a reason for dropping out, and 594 (male and female) of whom gave marriage as the reason.

The Department of Education does not have a policy in regard to sex education in the public schools. Health education is required at the elementary, middle school/junior high, and senior high school levels. A local option can be exercised on family life/sex education and parenthood education. Special training for instructors of sex education programs is not required.

COLLABORATION: The Departments of Health and Social Services collaborate to provide special programs and clinics for adolescents. The Departments of Social Services and Education collaborated to develop a parenthood education curriculum.

STAFFING: The Department of Social Services has a staff person who spends 25% of his/her time working with adolescent parenthood program development. The position has been in existence for five years. The title of the position is Family Services Consultant. The Department of Health has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents occasionally take part in the state-level policymaking process according to the Department of Health. The type and extent of participation were not specified.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Title IVB, V, X, XIX and XX and CETA.

HIGHLIGHTS: Agency policies, rules and plans and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in South Carolina. The Department of Health has policies, rules and program plans dealing with pregnant adolescents/adolescent parents.

STATUTES/POLICIES: Although there are no statutes in South Dakota which specifically relate to pregnant adolescents/adolescent parents, there are some Department of Social Services general policies and regulations which provide a framework for services. The policy on Family Substitute Care explains the rationale behind the program of maternity care for pregnant, out-of-wedlock young women who may not choose or may not be able to remain in their own home or community. Medical and residential care are provided to help the mother care for her unborn child, insure a healthy birth, and aid her in her decision regarding retention of the child or release of the child for adoption. Rules and regulations include the following: (1) Chapter 67:14:02, Services to Unmarried Parents, which outlines services including counseling, referral to legal resources, and providing maternity home, residential or foster care services for unmarried pregnant individuals; (2) Chapter 67:14:06, Family Planning, which describes services including referral, counseling, educational and Title XIX medical services to enable individuals of childbearing age (including minors) to voluntarily limit their family size or to space their children; (3) Chapter 67:16:01, Medical Assistance Program, which sets forward the eligibility requirements for Medicaid and regulations relating to payment; (4) Chapter 67:16:02, Physician and Other Health Services, which describes services for which physicians may receive reimbursement under Title XIX; and (5) Chapter 67:16:11, Early and Periodic Screening, Diagnosis and Treatment which describes EPSDT services and payment regulations. The 1979 Title XX Annual Services Plan also lists services which have general application to pregnant adolescents/adolescent parents.

The Department of Health reported that family planning services are provided to adolescents without parental notification or consent.

The Department of Education reported two attorney general opinions relating to participation of married students in school extra-curricular activities. In an October 7, 1959 letter to the State's Attorney of Union County, the Attorney General states that a South Dakota statute assures school privileges to all persons between the ages of 6 and 21. The Opinion questions whether a school board may properly refuse to allow a student to engage in extra-curricular school activities merely because the student is married. A September 18, 1974 memorandum to the State Superintendent of Elementary and Secondary Education from the Assistant Attorney General states, "It is my opinion that a school board may not restrict the extracurricular activities of married students."

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. (SDCL Section 13-27-1 requires that children between the ages of 7 and 16 attend school.) However, SDCL Section 13-27-4 states that a child may be excused from school attendance (if otherwise instructed by a competent person for like period of time in the courses taught in the public schools) because the child's physical or mental condition would render his attendance at school unsafe, impracticable, or harmful to himself or others. The latter law is not applied to all pregnant adolescents, but is used occasionally when there is a special need.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class and special class. The Department of Education prefers any of these locations. There are no statistics that indicate the number of school dropouts due to pregnancy or marriage.

The state does not have a policy in regard to sex education in the public schools. However, the Department of Education has collaborated with the Department of Health in the development of a health education curriculum guide which includes some sex education units. The inclusion of these units will be at the discretion of the local school district. The health curriculum was completed in March, 1979, and is being pilot tested this year in grades K-12. After revision from the pilot test, it will be available to all local districts (who also may select the courses within which it would be taught).

COLLABORATION: The Department of Education collaborated with the Department of Health in the development of a health education curriculum guide for grades K-12. The Department of Social Services reported that it collaborates with other state agencies, but the names of the agencies and collaborative activities were not reported.

STAFFING: The Department of Social Services has a staff person who spends 15% of his/her time working with adolescent parenthood program development. The position has included this responsibility for 5 years. The title of the position is Social Services Program Specialist III. The Department of Health has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as P.L. 94-142 (handicapped "homebound"), Titles XIX and XX, CETA and W.I.C.

HIGHLIGHTS: In South Dakota, service delivery to pregnant adolescents/adolescent parents is facilitated by agency rules, plans and staffing and interagency collaboration. Family Planning services are provided to all adolescents (Departments of Social Services and Health regulations). The Department of Education has collaborated with the Department of Health to develop a suggested K-12 health education curriculum guide which includes sex education units. The Department of Social Services also works collaboratively with other agencies and has assigned a staff person to work 15% of the time on adolescent parenthood program development.

TENNESSEE - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Tennessee which specifically address pregnant adolescents/adolescent parents, there is a statute which provides a general framework for health services to minors. Tennessee Code Ann. 53-4607 states that contraceptive supplies and information may be furnished by physicians to any minor who is pregnant, or a parent, or married, or who has the consent of his/her parent or legal guardian, or who has been referred by another physician, a clergyman, a family planning clinic, a school or institution of higher learning or state agency, or who requests and is in need of birth control procedures, supplies or information.

The Department of Health has program plans which specifically address adolescents. The Tennessee Family Planning Program Teenage Initiative, FY 79, is a program plan which concentrates on delivery of family planing services to the teenage target group and on educational strategies aimed at prevention of teenage pregnancies.

The Department of Human Services has developed policies which have general application to pregnant adolescents. The Social Services Manual Volume IV, Chapter 10, Services to Unmarried Parents and Their Children, outlines casework objectives in dealing with pregnant adolescents, as well as regulations regarding services to unmarried pregnant women of all ages. Volume IV, Chapter 11 of the Manual states that state funds may be used to pay for abortions for minors in the custody of the Department only under certain circumstances. The Annual Title XX Service Plan describes services which might apply to pregnant adolescents/adolescent parents, such as: family planning services, residential treatment, and services for unmarried parents. The Program Goals for FY 79-80 of the Program Specialist III for services to Unmarried Parents include:

1) revising manual material to more clearly define services for unmarried parents and their relationship with other Title XX services to expectant parents of either sex and to reflect the use of the Social Services Management System and other policy changes;

2) reviewing service provisions and training needs in 9 regions;

3) training regarding service provision to unmarried parents in regions which request it;

4) using information from the Social Services Management System regarding approved adoptive homes in the daily operations of the Adoption Resource Exchange;

5) continuing to provide family planning services; and

6) training in counseling in family planning services and on other topics involving sexuality in regions which request it.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (Minimum Rules and Regulations 0520-1-3-01.) According to TCA 49-2914, pregnant adolescents may qualify for special educational services because pregnancy is included in the definition of a handicapped child (due to "health impairment"). Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound class, special class, and special school.

There is a law (TCA 49-1924) in regard to sex education in the public schools. The law states that it is unlawful for any person to teach courses in sex education in the state unless the courses are approved by the state board of education and the local school board involved and taught by qualified instructors as determined by the local school board involved. This law, however, does not apply to general high school courses in biology, physiology, health, physical education, or home economics. The state does not specify any training requirements for sex education instructors.

COLLABORATION: The Department of Human Services collaborates with the Department of Corrections regarding services for pregnant, unmarried females who are committed to correctional facilities or are on parole or probation. The Department of Health collaborates with the Department of Human Services with respect to family planning, prenatal and nutritional services for welfare-eligible clients.

STAFFING: The Department of Human Services has a staff person who spends 50% of his/her time working on adolescent parenthood program development. The title of the position is Program Specialist III.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as P.L. 94-142 (handicapped), Titles V, X and XX, and W.I.C.

HIGHLIGHTS: In Tennessee, a statute, agency plans and staffing and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Family planning services are available to all adolescents (Tennessee Code Ann. 53-4607). The Department of Health's Family Planning Program Teenage Initiative, FY 79, concentrates on family planning services to teens and educational strategies to prevent teenage pregnancies. In the Department of Human Services there is a staff person who spends half of the time working on adolescent parenthood program development. Collaboration occurs between the Departments of Health and Human Services on family planning, prenatal and nutritional services for welfare-eligible adolescents.

TEXAS - STATE POLICY ANALYSIS

STATUTES/POLICIES: In Texas there are no statutes which directly relate to pregnant adolescents/adolescent parents. However, statutes, agency policies and an attorney general opinion provide a framework for health services to minors. The Department of Health reported that there is much local variation regarding interpretation of rights of minors. The Texas Family Code, Section 35.03, Consent to Treatment by Minor, states that a minor may consent to hospital, medical or surgical treatment, other than abortion, related to her pregnancy if she is unmarried and pregnant. Consent of the parents or guardian is not necessary; however, a physician may, with or without the consent of the minor, advise the parents or guardian of the treatment given to or needed by the minor. While the statute does not, in itself, speak to contraceptive services, many feel that such services would naturally be covered therein. The Legal Services Division of the Department of Health issued a statement on 11/15/77 which indicates that recent U.S. Supreme Court decisions negate any Texas statutes which impose a blanket requirement of parental consent for a minor to terminate her pregnancy or to receive family planning assistance. The Legislative Council reported that proposed state statutes were recently rejected with respect to consent of minors for family planning services (H.B. 632) and minors' right to consent for abortion (S.B. 922).

The Department of Health reported program plans have been developed with respect to pregnant adolescents/adolescent parents. Specifically, within the MCH Objectives and Activities Report, effective October 1, 1978 through September 30, 1979, Adolescent Health is listed as the number 2 priority for Division activities. The objective is to increase by 80 percent the number of adolescents receiving care.

The Department of Human Resources reported several policies, rules, action statements and program plans which concern service delivery to pregnant adolescents/adolescent parents. Among them are: SSHR 6200 which states that family planning services are available without regard to marital status or age and that minors who request contraceptive services under Titles XIX and XX are not required to obtain a parent's consent for receipt of such services; a memorandum to the AFDC director regarding the need for family planning outreach for teenage mothers; a proposal for family planning outreach to AFDC adolescent parents (which was funded); a proposal for a special project serving teenagers; a request for approval of adolescents' eligibility for family planning services without regard to income; a position paper on availability of Title X comprehensive services for adolescents; and program plans for a media outreach effort on family planning for adolescents, a family planning workshop on adolescents' sexual concerns, and a teen clinic merging family planning and EPSDT. The Department is considering a resolution which would omit adolescents from the Explanation of Benefits about receiving family planning services; this change would restore adolescents' right to confidential treatment. There is an interpretation of policy which would allow the Agency to consider only the adolescent's income to determine eligibility for family planning services; however, this interpretation has been tabled.

The Texas Education Agency reported that state statutes address compulsory attendance of children (Section 21.032) and exemptions from attendance for a temporary physical condition (Section 21.033). The Texas State Board of Education Policy Manual (3571 - Item 9) states that students diagnosed as pregnant by a licensed physician and who, for an appropriate period of time, desire to continue their education in an alternative setting rather than the regular education program setting, may be considered eligible for special education services. Section 3572 - Item K of the manual notes that if a pregnant student desires to remain in her regular educational setting, the school district, if it requires all students with conditions requiring the attention of a physician to do so, many require the student to obtain a physician's certification that she is physically and emotionally able to continue participation in the regular education program or activity. In the absence of applicable leave policy for students, the school district shall treat pregnancy and related conditions as justification for a leave of absence for a period of time deemed medically necessary by the student's physician and shall reinstate the student to the status she held when the leave began.

The Texas Education Agency supports and encourages schools to follow Title IX guidelines which require that any student not be discriminated against because of pregnancy and related conditions. Education programs or activities that are operated separately for pregnant students must ensure that the program is comparable to that offered non-pregnant students. An Agency rule for recording attendance of home-hospitalbound and community class pregnant students identifies the required number of hours of instruction per week for each category and the equivalent number of days present per week for accounting purposes.

A brochure published by the Texas Education Agency in 1977 entitled "Education for Parenthood" states, "It would appear that one way education can assist in the prevention of child abuse and neglect is by helping students prepare to be responsible parents for the future." The Texas Education Agency is reviewing the school curriculum to see the opportunities it now offers for helping students to prepare for their future role as parents. On March 3, 1978, the Task Force on Child Abuse (consisting of representatives from Texas PTA, Department of Community Affairs, and Mental Health/Mental Retardation) adopted a legislative proposal recommending that enabling legislation be passed to provide funding for the Texas Education Agency to coordinate the development and implementation of nine pilot programs in education for parenthood in public schools, grades K-12. The State Board of Education adopted a similar proposal. However, the proposed legislation, H.B. 1983, was not passed by the 1979 legislature.

Other Texas Education Agency efforts include a workshop which was held for state agency and local personnel on parenthood education. The Workshop was based on a position paper prepared by the Task Force on Child Abuse. The paper identifies ten programs in the Education Agency which contribute to the major basic concepts included in parenthood education.

Services are offered to pregnant adolescents/adolescent parents at the following locations: regular schools, homebound classes, special classes, and special schools. The Agency endorses all of these options.

The Education Agency does not have a policy specifically requiring sex education in the public schools. The state does have a requirement that all public schools shall offer instruction in physiology and hygiene (Section 21.101, Texas School Law Bulletin). Health is required in Grades K-6 and is strongly recommended in Grades 7 and 8. One half unit of 1 semester of health is required in Grades 9-12. Sex education may also be taught in home economics courses. Although the Agency does not specify any special training requirements of sex education instructors, it does have requirements for health instructors (Policy 3712, Requirements in Preparation of Assignments). Beginning in 1983, all health instructors will be required to have certification in health education as a college major.

COLLABORATION: The Departments of Health, Human Resources, Education and Community Affairs collaborated in helping to establish the Texas Alliance Concerned with School-Age Parents (TACSAP) in November, 1976. The Departments of Health, Human Resources and Community Affairs collaborate on data collection and needs assessment and have published a book, Still the Darker Side of Childhood (1978). The Department of Human Resources and the Texas Rehabilitation Commission collaborate on training, counseling and support services for adolescents who are welfare recipients. The Departments of Human Resources and Education collaborate and have agreements regarding licensure and referrals of clients for services. Collaborative efforts of the Departments of Human Resources and Health include a purchase of services agreement for family planning and EPSDT. Nine agencies, including the Department of Health, participate in a Task Force on Adolescent Health.

STAFFING: The Department of Human Resources has a staff person who spends 10% of his/her time working on adolescent parenthood program development. The title of the position is Staff Services Assistant in the Protective Services Division. In the Department of Health, no person has been assigned specific responsibility for working with adolescent parenthood program development. However, professional staff are involved in interdisciplinary efforts on behalf of this population.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. The Special Education Division of the Texas Education Agency involves pregnant adolescents/adolescent parents in the state-level policymaking process through various organizations. The names of the organizations were not reported. The Agency also reported that all policies of the State Board of Education are made available for public hearings through three readings before the Board. Any person may appear and present his/her response to the proposed policy. In addition to these hearings, professional organizations have an opportunity to provide suggestions through advisory committees and work groups during the developmental phase. This same process for participation by the public is used in the the development of Agency guidelines.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, XIX, XX, CETA, P.L. 94-142, P.L. 94-482, and W.I.C.

HIGHLIGHTS: Service delivery to pregnant adolescents/adolescent parents in Texas is facilitated by statutes, agency policies, rules and regulations, action statements and program plans. A Department of Health Legal Services Division statement confirms minors' right to consent for family planning services; however, there is much local variation regarding this issue. Sex education may be taught as part of health or home economics classes. There are many state agency collaborative efforts on behalf of pregnant adolescents/adolescent parents, including the Texas Alliance Concerned with School-Age Parents' activities, data collection, needs assessment, publications, training and support services for welfare recipients, and a Task Force on Adolescent Health. In the Department of Human Resources, staff spend some time on adolescent parenthood program development.

UTAH - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Utah which specifically relate to pregnant adolescents/adolescent parents. However, several statutes, an Executive Order and a Senate resolution provide a general framework for health services to minors. U.C.A. 76-7-304-2 requires that physicians performing abortions notify, when possible, the parents of a minor or the husband of the woman receiving the abortion. U.C.A. 55-15A-3 states that state funds may not be used for abortions except when the life of the mother would be endangered if the abortion were not performed. An executive order of 4/18/77 establishes the Utah Advisory Council on Family Planning Services as an advisory body to the Utah State Division of Health to provide a forum for discussion of issues vital to the continued development of family planning. The Council is directed to consider the philosophy that it is the right of all individuals to voluntarily determine the number and spacing of their children. Senate Joint Resolution #17 (36th Legislative Session) states that an adequate health and welfare program should include family planning education and service.

Within the Department of Social Services, the Divison of Family Services has no policies which deal with pregnant adolescents/adolescent parents. However, the Division of Health has a policy (Statement on Family Planning, revised in 1977) that it is the right of all individuals to voluntarily determine the number and spacing of their children and that the use of state health funds for family planning services and/or activities is proper and appropriate. There was a conflict between the responses submitted by the Office of Legislative Research, which reported that an adolescent can legally receive contraceptive information and services and abortion information without parental consent; and the Division of Health, which reported that their agency has a policy that parents of unmarried adolescents must be informed in order for the adolescent to receive contraceptive services. Pregnancy testing and individual counseling are available to all adolescents without parental notification or consent. The Health Division's program plans (Goals and Family Planning, revised December 1978), in explaining the benefits of family planning, emphasize that a preventive approach to the reduction of premarital teenage pregnancies by the provision of an appropriate educational program and health services is helpful to families. U.C.A. 53-14-10, which has general application to pregnant adolescents/adolescent parents, stipulates that public education must emphasize honesty, morality, respect for parents and home, and good citizenship.

The State Board of Education does not require pregnant adolescents/adolescent parents to comply with compulsory and school attendance laws. Section 7-1-3 of the Utah School Health Laws excuses from attendance minors who are "in such physical or mental condition (which must be certified by a competent physician if required by the board) as to render such attendance inexpedient and impracticable." An Attorney General Opinion of 2/13/74 maintains that marriage is insufficient reason to deny a person who is under 20 and has not graduated from high school access to free public education.

Educational settings for pregnant adolescents/adolescent parents include regular school, special class, special school and homebound class. There were 69 female dropouts during the 1977-78 school year who gave pregnancy as the reason for dropping out and 379 who gave marriage as the reason for dropping out.

Sex education is not required in the schools, but health education (which includes units on growth and development and physical and emotional understanding of sex) is required at the junior and senior high levels. The State Board of Education, through the State Department of Public Instruction, has adopted a policy "Maturation, Growth, Development and Human Sexuality" (July 24, 1974), which suggests that helpful educational programs on maturation, growth, development and human sexuality are needed and should be planned and developed with parent, student, community and school input. The policy also reaffirms the Course of Study Committee and Textbook Commission's support of the approach outlined in the junior high and senior high health education guides and the Committee's guidelines calling for continued exclusion from school programs of the following topics: intricacies of intercourse, sexual stimulation, erotic behavior, etc.; acceptance or advocacy of homosexuality as a desirable or acceptable sexual adjustment or life style; advocacy of or "how to" approaches to contraceptive techniques and devices; acceptance or advocacy of "free sex," promiscuity or so called "new morality." The policy further advocates the formation of well-planned programs to deal with areas such as venereal disease, birth, understanding of male and female reproductive systems, pregnancy, problems of illegitimacy, responsible parenthood, family roles, etc., and states that schools, supporting the home and the church, should be helping students evaluate behavior, face the issues squarely and make decisions that are for the best good of the individual and society.

The second general policy which affects pregnant adolescents/adolescent parents is "Health Education in Utah Public Schools" (1975) which states that health education is recommended for elementary grades and required for junior and senior high school students. Program plans of the Department of Public Instruction consist of the Health Education Curriculum Guides, K-12. The elementary (K-6) guide includes a strand on growing and developing (including family life and reproduction); the junior high guide includes strands on personal health and fitness, and growing and developing into maturity (understanding body systems, organs and maturation process, respect for self and members of opposite sex); the senior high guide includes a strand on physical and emotional understanding of sex (emotional health aspects of sex, health issues of pregnancy, illegitimacy).

COLLABORATION: The Division of Health reported that it collaborates with several other agencies on the Family Planning Advisory Council. The Council has developed a working paper on the purpose of the Council, roles of members, membership and attendance. The Division of Family Services reported that it collaborates with the Division of Health on referrals of clients. The Department of Education reported collaboration with the Department of Social Services, which includes both the Divisions of Health and Family Services. A memo of agreement regarding collaborative arrangements has been developed.

STAFFING: The Division of Health has a staff person who spends 5% of the time working on adolescent parenthood program development. The position title is Medical Social Worker.

STATE-LEVEL ACTIVITIES: Although there is no state-level advisory committee which deals exclusively with pregnant adolescents/adolescent parent concerns, the Family Planning Advisory Committee appointed by the governor addresses these issues. The committee is composed of representatives from several state agencies as well as parents of adolescents; its purpose is to advise and support the Division of Health on family planning matters.

FUNDING: No categorical sources of funding were identified for services specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as P.L. 94-482 (Vocational Education Act, Subpart 5 - Consumer Homemaking)and W.I.C.

HIGHLIGHTS: In Utah, an Executive Order, a Senate Joint resolution, agency plans and staffing, and inter-agency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Pregnancy testing is available to all adolescents (Health Division Policy). The Division of Health has program plans which emphasize teenage pregnancy prevention by provision of an appropriate educational program and health services. Senate Joint Resolution #17 also advocates the provision of family planning education and service. An Executive Order (4/18/77) established the Utah Advisory Council on Family Planning Services, composed of representatives from state agencies as well as parents of adolescents, to advise and support the Division of Health on Family Planning matters. The State Department of Public Instruction requires that health education, (including units on family life education, reproduction, and sex) be taught in junior and senior high schools and recommends that it be taught in the elementary schools. A State Board of Education policy advocates the inclusion of educational programs on human sexuality in local curricula. The Departments of Education and Social Services collaborate regarding services to pregnant adolescents/adolescent parents.

VERMONT - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes or policies in Vermont which relate to health services for pregnant adolescents/adolescent parents. The Department of Health reported that family planning services are provided to all minors without parental notification/consent.

The Department of Education reported that pregnant adolescents and adolescent parents are subject to compulsory school attendance laws until age 16 (V.S.A., Chapter 25, Subchapter 1, Sections 1121-1124) unless they are physically unable to attend. A doctor's examination may be required to determine physical inability to attend. Services are offered to pregnant adolescents/adolescent parents at the following locations: regular school, homebound classes, and small group settings within the home or community. The Department of Education prefers small group settings. It rejects special classes. There were 557 female dropouts (ages 10-18) in the 1977-78 school year. The reason for dropping out is not gathered because of confidentiality concerns.

16 V.S.A., Chapter 1, Subchapter 7 provides for but does not mandate health education (including sex education) in the public schools. The Department of Education curriculum guide includes health education at the elementary school, middle/junior school, and senior high school levels. The Department does not specify that instructors of health education ' receive special training to teach sex education, but does specify training requirements for health education teachers (Guidelines for Adequate Preparation).

COLLABORATION: No collaboration among state agencies concerning pregnant adolescents/adolescent parents was reported.

STAFFING: The Department of Health reported that the MCH Administrator spends 5% of the time working on adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs, such as Titles V, X, and XX, W.I.C. and state Adult Basic Education funds.

HIGHLIGHTS: In Vermont there are agency plans and staffing which facilitate service delivery to pregnant adolescents/adolescent parents. Family planning services are provided to all minors without parental notification or consent. The Department of Education has developed a suggested K-12 health education curriculum which includes sex education. In the Department of Health there is one staff person who spends 5% of the time working on adolescent parenthood program development.

VIRGINIA - STATE POLICY ANALYSIS

STATUTES/POLICIES: There are no statutes in Virginia which specifically relate to pregnant adolescents/adolescent parents. However, Department of Welfare regulations provide a general framework for family planning services for minors. The regulations stipulate that family planning services must be offered to all appropriate applicants for and recipients of ADC, including minors who can be considered to be sexually active (ADC Manual 403.2).

The family planning needs of adolescents are more specifically addressed through the Department of Health, Bureau of Family Planning, state-level Adolescent Services project, established in 1977 to improve the quality and quantity of family planning and related services offered to young Virginians. Through the efforts of this project, workshops for employees of family planning clinics and referral agencies and other professionals have been held, teen clinics have been opened, a statewide toll-free hotline on family planning has been established, a family life education curriculum for the public schools has been developed (in collaboration with the Department of Education), a library of family planning resources is being increased and a public information campaign has been launched. In addition, the Department established guidelines in 1978 for dealing with adolescent patients in family planning clinics or for developing local adolescent family planning clinics. The guidelines include suggestions regarding organization of services, selection and training of staff, education and outreach, and medical services.

The Department of Education reported that pregnant adolescents/adolescent parents are subject to compulsory school attendance laws (VA Code 22-275.1). Educational settings for pregnant adolescents/adolescent parents include regular school, homebound classes, special classes, and special schools. The Department of Education prefers that services be rendered in the regular school or a special school. Data on the number of school dropouts due to pregnancy and/or marriage is not collected.

The State Board of Education has a policy, passed in 1970, which allows local school authorities to decide whether or not to include sex education in the local curriculum. The policy requires local districts which offer such courses to have all their printed and media materials approved by the local and state boards of education. The State Board also recommends guidelines, including the integration of sex education into existing courses, rather than establishing a new course.

The Family Life Education Guidelines published in 1978 by the Department of Health and Education include the goals of: understanding how reproduction occurs, understanding and developing a wholesome attitude toward human sexuality as a basic factor throughout life, building and developing insights and values regarding human sexuality, and preparing a suitable foundation for responsible adulthood. The Guidelines also suggest teaching objectives, learning activities, and resources that might be used by an LEA in establishing or improving a family life education program.

The state does not specify training requirements for sex education instructors.

COLLABORATION: All state agencies in Virginia have interagency agreements to facilitate state-level cooperation and encourage similar efforts at the local level. The Departments of Education and Health and the Virginia Division for Children have collaborated to develop a K-12 Family Life Education curriculum. In addition, the Attorney General's Office collaborates with the Department of Education in regard to the Protective Services Bureau, and with the Departments of Health and Education regarding the Governor's Advisory Council on CARN.

STAFFING: The Department of Health, Bureau of Family Planning has an Adolescent Service Coordinator who spends 100% of the time on adolescent family planning service development and coordination. There is no staff person in the Department of Welfare who has been assigned specific responsibility for programs for pregnant adolescents/adolescent parents.

STATE-LEVEL ACTIVITIES: The Family Planning Policy Advisory Committee, although not established specificially for consideration of adolescent pregnancy and parenthood issues, does address these issues. Pregnant adolescents/adolescent parents or their parents are involved in the state-level policymaking process through this Committee.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as P.L. 94-142 (Special Education), Titles IV, V, XIX and XX, and W.I.C.

HIGHLIGHTS: Agency rules and program plans and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents in Virginia. Family planning services are available to all adolescents (Department of Welfare rules). To facilitate the delivery of services to adolescents, the Department of Health has made significant efforts to improve family planning and related services through the Adolescent Services Project begun in 1977. The project has provided inservice training for professional personnel, teen clinics, a statewide toll-free hotline, a library of family planning resources, and a public information campaign. In addition, the Department established guidelines for dealing with adolescent patients in family planning clinics, and collaborated with the Department of Education to develop a suggested K-12 family life education curriculum. The State Board of Education has a policy stipulating requirements and guidelines for localities which decide to offer sex education. All state agencies in Virginia have interagency agreements to facilitate state-level cooperation and encourage similar efforts at the local level.

WASHINGTON - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Washington which specifically relate to pregnant adolescents/adolescent parents, the Department of Social and Health Services reported a policy which allows the delivery of family planning services to minors without parental consent. The Washington Administrative Code, Chapter 388-86-035, Family Planning, states that the Department of Social and Health Services shall make known to public assistance clients the availability of family planning services and shall provide to eligible recipients of medical assistance necessary physician services, clinic or hospital services, supplies and drugs needed in conjunction with family planning.

W.A.C. 388-82-015, "H" Category (federal aid) states that the costs of obstetrical care for an unmarried pregnant minor, who is otherwise financially eligible, may be covered by AFDC on behalf of the unborn for prenatal care and for six weeks of postpartum care. After the postpartum care, the minor mother's non-obstetrical medical care again becomes the responsibility of her parents. Eligibility for "H" category of medical assistance is not affected by marital or emancipation status.

W.A.C. 388-24-550, Assistance to Minor Child, states that a minor may apply for public assistance in his/her own right. If an unmarried pregnant minor requests an abortion, parental consent is not required. Involvement and/or consultation with parents in reaching a decision to proceed with an abortion is a matter of individual case judgment. This code further states that financial eligibility of a minor cannot be established without a determination of the parent's ability to financially support the minor and the parent's willingness to contribute. Parental contact is not required when the minor applicant is married, in the military service, has been declared emancipated by a court and is not financially supported by parents, and/or is applying for medical assistance related to pregnancy (except abortion).

Until 1976, Department rules and regulations included a document on services to be provided to school-age parents under Title XX. At that time, services to school-age parents included a wide variety of assistance to young people at risk of becoming pregnant and/or those who already were pregnant or young parents. Outreach from the Agency included sex education programs upon request as a preventive measure; information for and cooperation with schools; and medical services and the involvement of other social agencies to make the services known and available. However, because of the ceiling on Title XX funds, the Department of Social and Health Services has since reordered the priorities for service and school-age parent services have been incorporated into other target groups. Ongoing services include counseling focused on alternative plans for the pregnancy (termination, relinquishment for adoption, single parenthood, marriage, etc.) and personal problems affecting one's ability to become a self-sufficient and effective parent. The service activity does include information and referral about prenatal and postnatal health care. The actual medical service will be paid for under the "H" Cateogry of Medical Assistance (Title XX).

A Senate Resolution was passed in March, 1979, requesting the Department of Social and Health Services to develop an assessment of the needs of the adolescent child-bearing population, and to report the results to the Senate and House Committees on Social and Health Services by January, 1980. The resolution further requested the Department to initiate immediate steps to acquire the federal funds necessary to meet the urgent needs of adolescent parents.

The Department of Public Instruction reported that attorney general opinions, agency policies, and agency rules and regulations have been formulated with respect to pregnant adolescents and/or school-age parents. A.G.O. No. 366 (1952) states that the board of directors of a school district lacks the authority to exclude a student from attendance at school solely for the reason that such student is married. A.G.O. No. 105 (1960) explains that a determination regarding the exclusion of married students from activities must be based on several facts, and gives some insight into the considerations that must be made with regard to such rules. The A.G.O. explains that state statutes permit local school districts to formulate school programs for the married or pregnant student on the same basis as other student programs. The State Board of Education policy and rules, Student Procedures and Substantive Due Process Rules, Chapter 180-40 095 (1) and 215, states: "No student shall be unlawfully denied an equal educational opportunity or be unlawfully discriminated against because of...pregnancy or marital status."

Pregnant adolescents/adolescent parents are subject to compulsory school attendance laws. Although the state statute does not specifically mention the school-age mother or pregnant school girl, RCW 28 A.27.010 provides for mandatory school attendance for children between the ages of 8 and 15 unless the superintendent of the district in which the child resides excuses such child from attendance because the child is physically or mentally unable to attend school or unless such child is attending a residential school operated by the Division of Institutions of the Department of Social and Health Services. Educational services are offered to pregnant adolescents/adolescent parents at the discretion of local school districts and may include regular school, homebound instruction, special classes and special off-campus schools.

The state board of education has a policy (WAC 180-50-070, Sex Education) which states that the decision on whether or not an educational program about sex education or human sexuality is to be introduced into the schools is a matter for determination at the district level by the local school board and makes recommendations for such programs, if they are established.

The Department of Public Instruction has also developed suggested guidelines for including sex education in school curricula (Suggested Guidelines for Including Education About Human Sexuality in School Curricula, March 1977) which reiterate the state board of education policy and rules and, additionally, urge local districts to select teachers of human sexuality programs on the basis of their professional preparation, competence and interest rather than on their sex, age or marital status. The Guidelines note that opportunities for inservice training in content and teaching methods of human sexuality concepts should be available at the local level; and that each school district must have a written policy outlining the process for the selection and adoption of print and non-print instructional materials. The state's curriculum includes education about human sexuality in the health program in elementary school and in the health, science and home economics programs in middle/junior high school and high school.

COLLABORATION: The Departments of Social and Health Services and Public Instruction collaborate on an Interagency Task Force on issues relative to the needs of pregnant adolescents/adolescent parents and their children.

STAFFING: The Department of Social and Health Services has not assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents can take part in the state-level policymaking process through public hearings for Title XX.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Title XX, W.I.C. and CETA.

HIGHLIGHTS: In Washington, statutes, agency policies, and resolutions provide a framework for service delivery to pregnant adolescents/adolescent parents. Minors may consent for family planning services. A 1979 Senate resolution calls upon the Department of Social and Health Services to assess the needs of the adolescent child-bearing population; to report the results to the House Committees on Social and Health Services; and to initiate immediate steps to acquire the federal funds to meet the urgent needs of adolescent parents. State Board of Education policy and Department of Public Instruction guidelines spell out suggested procedures for optional inclusion of sex education in local school curricula. An Interagency Task Force collaborates on issues related to the needs of pregnant adolescents/adolescent parents.

WEST VIRGINIA - STATE POLICY ANALYSIS

STATUTES/POLICIES: In the absence of any legislation in West Virginia regarding the age at which a person can legally receive abortion and contraceptive information and services, the Department of Health presently interprets the state of the law as allowing a person to receive such information without parental consent only when married or emancipated. This interpretation is based on two letters to the the Marion County Health Department: on February 14, 1974, the Assistant Attorney General issued an opinion to the effect that "the services of family planning and child spacing clinics should not be made available to indigent minors without parental consent, unless the minor is married or otherwise emancipated"; and on February 21, 1975, the Assistant Attorney General stated that the term "otherwise emancipated" as used in the February 14, 1974 letter is defined as the coming of age or "an entire surrender of all the rights to the care, custody and earnings of a child, as well as a renunciation of parental duties." There is, however, a statewide toll free information number which provides information on family planning to callers of any age.

Two bills were introduced in the 1979 session but did not pass. SB-531 would have permitted physicians and other authorized persons to counsel minors without parental consent on matters pertaining to birth control. HB-987 would have provided for family planning grants and included provisions regulating and restricting family planning information to adults.

A lawsuit has been brought against the Department of Health in which the plaintiff claims her constitutional rights have been violated by the Department's policy of refusing to provide birth control information and services to minors without parental consent; the suit also charges the Department of Health with a violation of federal law in that the Department received federal family planning money under Title X of the Public Health Service Act. Regulations under this act say that no one can be discriminated against because of age.

The Department of Health also reported rules (State Health Department Memorandum of October 5, 1978, regarding income guidelines) which set forth the financial eligibility guidelines for the Maternity and Infant Care Program.

Program plans (Department of Health Proposal for Projected Services to Sexually Active Minors, 1977-78) included the following goals: development of appropriate informational and educational materials directed to the needs and questions of sexually active minors; establishment of a new position, Adolescent Service Coordinator, as a liaison with state, local and private organizations which work with minors; training for staff who might act as speakers and in professional outreach for adolescents; establishment of a small, statewide adolescent advisory council; utilization of news media to disseminate information on the overall problem of teenage pregnancy; and, provision of in-service workshops for all clinical personnel on skills for working with adolescent family planning patients.

The Department of Education reported an Attorney General Opinion dated November 26, 1973, now referenced in Article 8 of School Laws of West Virginia, which exempts married adolescents from compulsory school attendance laws. The Agency also reported a State Board of Education policy adopted in May, 1975, which provides for equal educational opportunity for students in West Virginia schools. This is clarified in SEA Regulations, Section II, The Right to a Free and Full Education and Section IV, Extra-curricular Activities which state specifically that an individual cannot be denied the right to participate in activities simply because the person is married or a parent. A pregnant student may be denied participation in activities which would jeopardize her health but must be allowed to participate in those clubs and activities which would not be classified as hazardous to her health. Educational services are offered to pregnant adolescents/adolescent parents in the regular school, homebound classes, special classes, and special schools. There were 3,800 female dropouts (ages 10-18) in the 1977-78 school year; 344 gave pregnancy as the reason for dropping out and 650 cited marriage.

The Department of Education has no curriculum requirement which includes or requires sex education. The inclusion of this topic is the option of local school districts. The Department does not specify requirements for sex education instructors because programs are not offered.

COLLABORATION: The Departments of Health and Welfare collaborate regarding family planning, prenatal, labor, and delivery services for pregnant adolescents/adolescent parents. The Departments of Education and Welfare collaborate regarding financial needs of pregnant adolescents. The Departments of Education and Health, the Interagency Council for Child Services, and the West Virginia Parenting Council collaborate regarding health needs of pregnant adolescents/adolescent parents and/or their children. Though no specific policy statements have been developed, the Parenting Council is striving to promote awareness of the issue and planning projects and activities relevant to the needs of the adolescent parent.

STAFFING: The Departments of Health and Welfare have not assigned staff with specific resonsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There are no state-level advisory committees which deal exclusively with pregnant adolescent/adolescent parent issues. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V, XIX, and XX; W.I.C.; Appalachian Regional Commission funds; AFDC; CETA/YEDPA; Vocational Education funds; and the USDA Cooperative Extension Service.

HIGHLIGHTS: Service delivery in West Virginia is facilitated by program plans. Department of Health goals for 1977-78 included development of informational and educational materials for sexually active minors, establishment of a staff position to coordinate adolescent services, development of a model service delivery system for sexually active adolescents, staff development, establishment of an adolescent advisory council and increased media efforts. Several interagency collaborative efforts are underway to assist service delivery to pregnant adolescents/ adolescent parents.

WISCONSIN - STATE POLICY ANALYSIS

STATUTES/POLICIES: In the absence of any legislation in Wisconsin regarding family planning services for adolescents, Department of Health and Social Services policy is determined by federal Title V and Title XIX regulations. State-funded family planning projects are required to adhere to the following policy:

"Family planning services provided with these funds shall be made available to persons who are at risk of unwanted pregnancy or who wish to prevent or aid conception. These services shall be provided without regard to sex, race, national origin, age, religion, marital status, or handicap. Unemancipated minors should be encouraged whenever possible to consult with their parents with respect to such services" (from RFP for the Implementation and Operation of Family Planning Projects with General Purpose Revenue, State of Wisconsin, Division of Health, Department of Health and Social Services, January, 1979.)

The Bureau of Health Care Financing reported that abortions in the Wisconsin Medical Assistance program are severely limited by the Hyde Amendment and by Wisconsin Statute 20.927 which permit state and federal funding for abortions only in the case of medical necessity to save the life of the woman or when pregnancy is the result of sexual assault or incest. This statute does not require parental notification or consent.

The Department also reported that the Division of Community Services has developed polices regarding children born out of wedlock, family planning, WIN, services for children, adoptions, and group homes (Community Social Services Manual, Chapter VI-II, pages 13-19); and the W.I.C. unit of the Division of Health has developed policies, rules and program plans which prioritize service delivery to pregnant teens and infants up to 18 months of age.

The Department of Public Instruction reported that Wisconsin Statutes, Subchapter IV of Chapter 115, (children with exceptional educational needs), defines a child with exceptional educational needs as any child who has a disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education. Among the conditions specified is pregnancy, including up to 2 months after the birth of the child or other termination of the pregnancy. Each school district is responsible for ensuring that appropriate special education programs are available to children with exceptional educational needs who reside in the school district. In the case of pregnancy, with the consent of the pregnant girl and her parents, a multidisciplinary team recommends special education if it deems it in the best interest of the pregnant girl. The state provides aid equal to 70% of the amount expended by the school district for special education programs.

Bulletin #8357, Rules Implementing Subchapter IV of Chapter 115, Wisconsin Statutes, issued in February, 1978, includes Section PI 11.18, Educational Services for School-age Pregnant Girls and Mothers, which states that compulsory school attendance laws (Section 115.82, Wisconsin Statutes) apply to students with exceptional educational needs and may be satisfied by attendance at special education programs operated by an LEA, state or county residential educational facility or private special education service. Each school district is required to develop a systematic plan for providing educational services to school-age pregnant girls and mothers, to be submitted to the Division for Handicapped Children, State Department of Public Instruction. Each school district also establishes a multidisciplinary team for school-age pregnant girls and mothers. All girls up to the age of 21, unless they have graduated from high school, are eligible to receive a special education program during a pregnancy. In addition to Wisconsin licensure all teachers in the program complete an additional 9 hours of training from the content areas of: nature and needs of school-age pregnant girl and mother, education for the exceptional child, child or adolescent development, maternal health and child care, adolescent psychology, and/or family relationships. Alternative educational plans offered to the affected students may include: continuation in the regular school program with some supportive services provided by special education personnel; attendance at a specialized educational program; homebound instruction; instruction during hospital stay; provision of social service counseling to facilitate accessibility to needed resources; and pilot approaches utilizing infant day care services and parenting skills program.

The Division for Handicapped Children shall provide consultative assistance to LEAs in the development of educational programs and will formally approve the LEAs' plans of services. DPI Bulletin #78-16, School-Age Mothers--Pupils with Exceptional Educational Needs, reiterates these rules stating that a program for this population should be as comprehensive as possible and include content such as: basic skills in academic subjects; pre- and neo-natal instruction; counseling services; prevocational counseling, career education and training; child development instruction; infant and child care; nutrition; and related maternal child health matters. A planned transition back to regular education at the end of the school-age mother intervention program should be planned to include community based follow-up services when and where needed and the provision of courses being offered by the LEA County Educational Service Agency (CESA) in such subjects as family life education and home ecomonics.

Specific agency policies on delivering education to school-age pregnant girls and mothers is described in a summary statement taken from a speech by the State Superintendent of Public Instruction to the Wisconsin Alliance Concerned with School-age Parents on October 12, 1978. The topic areas highlighted were efforts to provide for the academic, medical, and social needs of the already pregnant girl in a comprehensive manner; program planning; assisting youth to deal with peer pressure to be sexually active; increased use of peer counseling; the development of a strong linkage among schools, public health agencies, churches, the community, parents, and the media; increased parent involvement; and improved efforts to provide education about family living.

Wisconsin Statute 118.01 (11) Curriculum Requirements, Family and Consumer Education, states the following "Every public high school shall provide instruction, as part of one or more existing courses developed by the school district in which the school is located and approved by the state superintendent on the rights and responsibilities of the family and consumer, including ... the responsibility and morality of family living." This was revised most recently in 1975.

The DPI Position Paper on Family Education adopted in November, 1976, notes that schools have a responsibility to provide instruction in family education to supplement family training. To develop this concept, various facets related to the developmental needs of the child should be coordinated and included in each grade level, K-12 in subject areas in which they are relevant. Although sex education as such is not required, the Department of Public Instruction does have a policy (DPI Policy Paper on School Instruction about Human Sexuality as Part of Total Growth and Development, May 31, 1978) which states that education about human sexuality, although primarily the responsibility of the parents or other persons responsible for minor aged children, may be taught in the school and, if it is available through the school, the program must:(a) be supported by parents and other citizens; (b) be voluntary; and (c) be determined at the local district level. The state does not specify any special training requirements for sex education instructors.

COLLABORATION: The Department of Health and Social Services (W.I.C. Program) and the Department of Public Instruction collaborate on a nutrition education program, referrals of pregnant adolescents and other issues related to adolescent parenthood. The Bureau for Children, Youth and Families participates in an interdepartmental committee on children's issues. The Legislative Council collaborates with the Departments of Health and Social Services and Public Instruction in information gathering regarding the needs of pregnant adolescents/adolescent parents.

STATE-LEVEL ACTIVITIES: The Division of Policy and Budget is beginning an Adolescent Pregnancy Project through a state agency/legislative advisory committee which includes representatives from the legislature, Department of Public Instruction, Division of Health, Bureau of Community Services, and local service providers. This committee, which is administered by the Bureau of Community Services, will make its final report in the summer of 1980. Pregnant adolescents/adolescent parents do not take part in the state-level policymaking process regarding these issues.

FUNDING: No categorical sources of funding exist specifically for pregnant adolesclents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Titles V and XIX; W.I.C., and exceptional education funds.

HIGHLIGHTS: Services delivery to pregnant adolescents/adolescent parents in Wisconsin is facilitated by statutes and agency policies. Family planning services are available to minors on their own consent through state-funded family planning projects. Through Wisconsin Statute

S. 20.255 (1) (d), Aid for Handicapped Children, Section 115.76(3), funding is provided to 31 local education agencies in Wisconsin for the operation of centers for school-age mothers. The funds flow through the Department of Public Instruction which pays 70% of the cost of the centers from this appropriation. The Department of Public Instruction has a policy which provides guidelines for optional human sexuality programs in local school districts. Several interagency collaborative efforts concentrate on the needs of pregnant adolescents/adolescent parents.

WYOMING - STATE POLICY ANALYSIS

STATUTES/POLICIES: Although there are no statutes in Wyoming which specifically relate to pregnant adolescents/adolescent parents, one statute (Section 35-14-101-106) provides a general framework for family planning services to minors. The statute authorizes the Wyoming Department of Health and Social Services to provide and pay for family planning information and services for every person who might have an interest in, and benefit from, such information and services.

The Department of Health and Social Services has no policies with respect to pregnant adolescents/adolescent parents. The Division of Public Assistance and Social Services reported there are rules and regulations (not specified) pertaining to this population.

The Department of Education requires that pregnant adolescents/adolescent parents comply with compulsory school attendance laws. Settings where educational services are offered to pregnant adolescents/adolescent parents include: regular school, special classes and special schools such as Alternative and Extended Day. The Department prefers that services be offered in the regular school. Information on the number of school dropouts due to pregnancy and marriage is not collected. There is no official state policy regarding sex education in the public schools. LEAs make curriculum decisions. There are no special state requirements for training of sex education instructors.

COLLABORATION: The Divisions of Health and Medical Services, and Public Assistance and Social Services collaborate regarding the needs of pregnant adolescents/adolescent parents.

STAFFING: No state agencies have assigned staff with specific responsibility for adolescent parenthood program development.

STATE-LEVEL ACTIVITIES: There is no state-level advisory committee which deals exclusively with pregnant adolescent/adolescent parent concerns. Pregnant adolescents/adolescent parents are not involved in the state-level policymaking process.

FUNDING: No categorical sources of funding exist specifically for pregnant adolescents/adolescent parents. However, adolescents do receive services as part of other federal and state categorical programs such as Title V, P. L. 94-482 (Vocational Education), CETA/YEDPA, and state school foundation funds for homebound and hospital bound students.

HIGHLIGHTS: In Wyoming a statute, agency rules, and interagency collaboration facilitate service delivery to pregnant adolescents/adolescent parents. Family planning services are available to all minors (Section 35-14-101-106). The Division of Public Assistance and Social Services has developed rules which pertain to pregnant adolescents/adolescent parents. This Division collaborates with the Division of Health and Medical Services regarding service provision to pregnant adolescents/adolescent parents.

ADDRESSING THE NEEDS OF PREGNANT ADOLESCENTS/ADOLESCENT PARENTS AND THOSE AT RISK OF EARLY PREGNANCY/PARENTHOOD:

PROPOSED POLICIES FOR STATE HEALTH, EDUCATION AND SOCIAL SERVICE AGENCIES

Prepared by

Adolescent Parenthood Project
of the

National Association of State Boards of Education

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INTRODUCTION

Adolescent pregnancy and parenthood are significant social concerns facing policymakers in health, education, social service and related fields today. More than one million adolescent women become pregnant each year in the United States. Nearly 600,000 of these pregnancies end in live births, approximately 280,000 are terminated by induced abortion, and the remainder end in miscarriage.

Adolescent pregnancy and parenthood exact heavy costs from society and from the individuals involved. The Stanford Research Institute (1979) reported that adolescent pregnancy and parenthood costs the American taxpayer $8.3 billion a year or an average of $18,710 for each first birth to a teenager. These are only financial costs and do not take into account emotional and developmental costs which also are significant.

The impact of adolescent parenthood may continue into the next generation through developmental delays among the offspring of adolescent parents. Such delays can be a reflection of the problems experienced by adolescent parents since they are still undergoing significant physiological and psychological changes themselves. Adolescent parents are often unskilled in infant and child care and are particularly vulnerable to the strains associated with parenthood.

The potential problems that can result from adolescent pregnancy and parenthood are of major proportion and demand a comprehensive, interagency policy framework which fosters the establishment of coordinated programs if the large number of adolescents are to be helped to lead productive, satisfying adult lives and to contribute to the development of their children.

Policy frameworks vary from state to state. This diversity is a reflection of many factors such as varying amounts of financial resources, the nature and extent of supportive services, the incidence of adolescent pregnancy and parenthood, community values and leadership. Each state and the agencies within the state develop a policy framework based on such relevant factors.

The policies proposed in this document are presented as a possible approach for policymakers, who seek to bring resources together at the state and local levels to meet the needs of adolescents, particularly those facing pregnancy and parenthood. The assumptions which underlie these policies are predicated on the fact that, regardless of how many preventive measures society adopts, there always will be youngsters and families who require special help. It is on behalf of such a constituency--the adolescent parent constituency--that policies need to be developed for use by the state agencies which bear responsibility for providing assistance to persons in need. Adolescents who are at risk of early pregnancy/parenthood are also considered because they are a critical link in decreasing the rate of adolescent pregnancy/parenthood.

One of the essential factors in a policy framework for this constituency is the recognition of the importance of making the services provided appropriate to adolescents' needs and preferences. When this factor is not considered, services which are available may not be utilized by adolescents because they are unaware of the availability of the services, do not know how to access them or are unfamiliar with procedures, etc. To overcome these barriers in formulating the policy framework, the following considerations are useful:

1. While there will be some similarities among the young women and family members with whom the agency is working, each individual is unique and requires some adaptation of the basic service delivery program. Further, as a result of specific differences in educational background, family situation, marital status, personality, etc., the types of services needed will vary in scope and depth.

2. The services must be made accessible, attractive and known to adolescents.

3. The options presented to adolescents by an agency must be diverse to accommodate the individuality of the clients. Because the individuals are young and at higher risk of being negatively affected by the experience of parenthood than those who are in their early twenties, service providers must be prepared to deal with the adolescent who is making life-long decisions at a young age.

The purpose of state agencies in providing support to young women and men at risk of early pregnancy/parenthood, pregnant adolescents, their partners, and adolescent parents and their families is twofold:

1. to prevent uplanned pregnancies through appropriate health, education and social service programs; and,

2. to provide appropriate services to pregnant adolescents, adolescent parents and their families to ameliorate the negative consequences which may result from early parenthood.

An interagency policy framework which addresses adolescent pregnancy and parenthood would ideally have the following characteristics:

1. The policies are collaborative in nature, addressing the roles of health, education, social service agencies in the provision of education and services.

2. Cooperation and coordination characterize the relationships among health, education, social service and other agencies in planning, developing, and administering an adolescent pregnancy/parenthood program. Each agency provides the optimal level of services within its area(s) of expertise. Competition among agencies is absent.

For example, the health agency's primary concerns are the health of the adolescent, the unborn child, and the children of adolescent parents. The agency is responsible for services such as family planning, prenatal, perinatal, and follow-through care as well as child growth and development.

The education agency's primary concerns are the educational needs of pregnant adolescents, their partners and adolescent parents. In addition to a standard educational program, this agency focuses on services such as special counseling, career and vocational education and training, parenthood education, and school health and social services.

The social service agency's primary concerns are the individual adolescents at the time of pregnancy, assisting them in making the necessary decisions and providing reliable, quality services, including referral, to meet their needs. Their concern also encompasses the needs of other family members affected by the adolescent's pregnancy.

Policy and program efforts should also include other agencies which have responsibility for providing services to this population, such as labor, transportation, parks and recreation, mental health, juvenile justice, substance abuse, housing, etc.

3. Each agency provides assistance as needed during pregnancy, after termination of pregnancy, and continuing into parenthood.

4. The state policy framework is established with a broad support base from the time of its inception. This support is developed, in part, as a result of participation of the lay community in the development of the policy framework and the implementation of local programs. Adolescents also are included in these efforts. The comprehensive policy framework and program efforts resulting from such community involvement should reflect a consensus regarding community values and should emphasize the importance of the professional standards of service to clients.

5. The policy framework takes into account consideration for the individual human rights of the clients and serves to protect these rights. Due attention is paid to the right of privacy--a right which is common to all the individuals involved--adolescents, pregnant adolescents, their partners, adolescent parents and their family members.

6. The right of self-determination in the decisions affecting the individual is protected and supported. Nothing in the program serves to coerce an individual to accept a prior decision made by someone else.

7. The policy framework assures that assistance is provided to young men and women at risk of early pregnancy/parenthood, pregnant adolescents, their partners, adolescent parents and their family members who are in need of services to enable these individuals to achieve economic self-support and personal self-sufficiency.

Policies designed to assure the delivery of services to adolescents should be evaluated according to the extent to which they satisfy these ideal characteristics. Persons sincerely interested in working with the problems of adolescent pregnancy and parenthood are encouraged to provide the most comprehensive policy framework and the best programs possible given the existing circumstances. Not every agency or state will be able to adopt a comprehensive policy framework. However, the inability to do so should not deter efforts to establish or expand policy efforts. A partial policy framework, fostering the delivery of a few services and giving limited priority to the needs of the target population, is more desirable than no policies at all. An outside observer might find such policies and programs deficient in several of the areas described as "ideal"; however, even limited policies and programs will provide recognition that pregnant adolescents, their partners, and adolescent parents and their families have special service needs and will provide an opportunity for the expansion of policies and programs to be more comprehensive in the future.

METHODOLOGY

The development of these proposed policies has required a multi-stage process involving experts in the areas of policy development and/or adolescent pregnancy. In brief, the stages were:

1. Identification of policies currently in place;
2. Critique of existing policies to determine relevance to the needs of pregnant adolescents/adolescent parents;
3. Development of a policy framework by an advisory panel;
4. Development of draft of proposed policies;
5. Task force critique and review of the proposed policies; and,
6. Final revisions based on comments.

To begin this process, background materials were identified based on state policy information collected during Year I of the NASBE study. These materials were circulated to an advisory panel composed of experts in policy development and adolescent pregnancy in the spring of 1979. Subsequently these experts met to discuss potential policies and generate a framework for them. This framework and the policy statements of other organizations were used to develop a draft of the proposed policies and overall rationale. During the late summer of 1979, a task force composed of representatives from states with different demographic characteristics met to critique the proposed policies. This meeting, along with comments from the advisory panel, provided the base for the policies presented in this document. Thus, the proposed policies reflect the expertise of representatives from different ethnic and professional backgrounds and from states with distinctly different perspectives.

During the second year of the project the proposed policies will be critiqued by others concerned with this issue who are engaged in service delivery and/or policy development related to adolescents. This review will provide an opportunity for key individuals at state and local levels to scrutinize the proposed policies from their perspectives. Their comments will be reflected in a revised version of these policies. This procedure will test the clarity, appropriateness and comprehensiveness of the proposed policies and will increase their utility to state policy-makers.

The policies for health, education, and social service agencies are presented separately. Each section begins with a rationale and an explanation of the role of that agency. The policies which follow are grouped into five sections: Services; Coordination; Staff; Rights; and Data Collection, Dissemination and Evaluation.

GLOSSARY

adolescence:	the state or process of growing up; period of life from puberty to maturity
adolescent:	a person who is in the period of life from puberty to maturity which terminates legally at the age of the majority.
at risk population:	Adolescents who are, or who are about to be sexually active (heterosexual relationships)
emancipated minor:	a person who has been defined as an adult as a result of age or standards defined by state law (e.g., marriage, pregnancy, court order, etc.)
minor:	a person who has not attained the age of majority as legally defined in the state in which he/she resides
policy:	principle or guideline adopted to chart a course of action
regulation:	statement supporting any rule or principle which is used to direct, manage, or control some system or organization
rule:	detailed direction developed by the administration to put policy into practice
statute/law:	an order that it is obligatory to observe
target population:	pregnant adolescents, their partners, and adolescent parents and their families as well as adolescents at risk of early pregnancy/parenthood

Rationale

Among the major problems related to early pregnancy and parenthood are health risks faced by the adolescent mother and her child. Numerous studies document the problems which frequently result from early pregnancy and parenthood. From the standpoint of physical health, adolescents who are 16 and under have an increased incidence of prenatal complications, premature births, maternal and infant mortality, and infant morbidity which is associated with low birth weight. The younger the adolescent, the greater the health risks to the unborn child. For example, the mortality rate of infants born to females under age 20 is 2 to 2.5 times higher than for infants born to females in their early 20's. Because adolescents are not physiologically mature, the stress of the pregnancy places them at high risk for a variety of illnesses and long-term disabilities. In addition, fewer than half of the 15, 16 and 17-year old adolescents who are pregnant begin prenatal care in the first trimester, compared with four-fifths of women 25-29 years old. Late entry into prenatal care is closely associated with poor obstetrical outcomes in all age groups.

An examination of the factors which contribute to adolescent pregnancy highlights the complexity of the phenomenon. While government alone cannot resolve many of the issues involved, government at the federal and state levels can help to establish policies which will better serve the needs of young people who are at risk of pregnancy or who are already involved in early pregnancy and/or parenthood as well as their families.

Role of the State Health Agency

The major goal of state health agencies is to improve and maintain the health of the citizens of the state. The term health is used in its broadest context; it means the absence of illness with the highest possible level of functioning and development. In more specific terms, a state health agency is responsible for promoting more comprehensive, higher quality, and more accessible health services for all constituents. For example, for children the agency seeks to make available a continuum of primary care designed to prevent illness and promote normal development.

In order to deal comprehensively with the issues related to teenage sexuality and pregnancy, state health agencies must assure that services are available to adolescents who choose to become parents as well as to those who are at risk of pregnancy.

Legal Issues:

State health agencies face many unusual legal issues in providing services to children and adolescents. Increasing concern over the rights of a youngster as an autonomous being whose interests may conflict with with those of his/her parents has resulted in several new legal doctrines.

One of the most sensitive issues for policymakers who are trying to meet the needs of adolescents is the determination of whether a minor has the right to consent to medical treatment over the objection or without the knowledge of his/her parents. To some extent this question can best be addressed when the state agency approaches policymaking with an understanding of the range of family situations from which adolescents come. Specifically, the state health agency should recognize the following possibilities:

1. Parent(s) are known and available for discussion of the problem and the minor has no objection to notification of the parent;
2. Parent(s) are known and available but the minor refuses to allow the service provider to discuss the situation with them;
3. The parent(s) are known but not available and cannot be located prior to the provision of care that should be started immediately;
4. The parent(s) are located and notified and refuse consent to treatment which minor wishes to have; and
5. The minor refuses to tell the service provider who his/her parents are or how they can be located.

Several states have adopted statutes regarding sex-related health care for minors. While the statutes vary widely in both age limits and substantive provisions, they generally provide an age range from 12 to 18 at which the minor may consent to "ordinary medical treatment" from public and private health care providers. Several statutes provide that a minor who is a parent may consent to medical treatment of his/her own child without the consent of his/her parents, but this right should be assumed to exist in all states, with or without a special statute. Some statutes allow a pregnant minor to consent to medical treatment for any condition, including circumstances unrelated to the pregnancy, apparently on the theory that pregnancy itself constitutes emancipation in fact. Many statutes allow a minor of any age to consent to treatment for venereal disease, drug abuse, fertility control and other services without parental knowledge. In fact, the increase in the incidence of venereal disease among teenagers was the precipitating cause in the enactment of minor treatment statutes in many states. It became obvious to legislators and health care providers in the late 1960's that a minor with a venereal disease had to be treated and further, that the requirement of parental consent deterred many minors from seeking needed treatment. Other statutes establish the "mature minor doctrine" which holds that a minor who is sufficiently intelligent to understand the nature, benefits and possible risks of a medical service he/she is seeking can give informed consent for that care.

Another legal issue affecting state health agencies with respect to adolescent services is emancipation. An emancipated minor is one who is not subject to parental control or regulation. Whereas a precise definition varies among jurisdictions, an emancipated minor may be:

1) one who is not living at home and is self-supporting;

2) one who is responsible for himself/herself economically and otherwise and whose parents (voluntarily or involuntarily) have surrendered parental duties and rights;

3) one who is married;

4) one who formerly was married, unless the basis of dissolution was an annulment action brought by the parents on the ground of the minor's incapacity to consent.

Most states have judicial or legislative affirmation providing that an emancipated minor and/or a minor who is married can consent to his/her own medical treatment. Despite the variations from state to state with respect to the definition of emancipation, generally a pregnant adolescent may consent to prenatal care and an adolescent parent may consent to care for his/her child.

Health care provider/patient relationships are particularly sensitive when the patients are adolescents who might be seeking treatment without the knowledge or approval of their parent(s). State health agencies can benefit from the work of the the National Association of Children's Hospitals which developed The Pediatric Bill of Rights. The Bill of Rights makes clear that the child or youth's treatment is to be conducted according to normal rules of physician-patient confidentiality. If consent from the parent is not required at the time the physician-patient relationship commences, parental involvement is not appropriate as the relationship continues. This approach appears to be both ethical and responsible. It has been shown in several service delivery settings that the absence of a requirement for parental consent for treatment by "free clinics" or other similar care providers increases accessibility for adolescents.

In some states the state health agency lacks local or community based counterparts that can actually provide direct service to clients. In other areas, the state health agency provides the most comprehensive range of supportive services available through any type of agency. While there are several established categorical federal health programs which fund services needed by special target populations, funding for services for pregnant adolescents has only recently been made available on a categorical basis. Thus, state agencies must draw upon resources which are, in fact, not specifically targeted to pregnant adolescents and adolescent parents to ensure the provision of needed health care. The limited amount of federal and state support for this target population makes it highly desirable for state health agencies to work as closely as possible with state education and social service agencies, as well as other entities, to coordinate efforts to maximize the impact of limited expenditures. Some of the funds available through all of these channels should also be used to evaluate the effectiveness of the services and assure that the quality of care is acceptable. Such coordination is facilitated by a multi-agency policy framework that encourages such efforts.

Recommended Role for the State Health Agency:

The state health agency has a specific role to play in the provision of services to pregnant adolescents/adolescent parents. To have a comprehensive program, it should make the following services available and accessible to the target population regardless of income in all areas of the state:

- family planning and contraceptive information/services
- prenatal care
- venereal disease treatment
- child development information and parenthood education to include child care training
- nutrition services
- general health care screening

Proposed Policies

SERVICES:

1. The state health agency shall ensure that comprehensive health services are provided for young women and men at risk of early pregnancy/parenthood, pregnant adolescents, their partners, and adolescent parents and their families. The agency shall work with other state agencies as well as service providers in the development of such an effort.

2. The state health agency shall provide services to adolescents based on the consent of the individual and in accord with the principles of confidentiality. The services to be provided in such a manner include:

    - care related to pregnancy
    - care for infants
    - venereal disease treatment
    - pregnancy testing
    - abortion information
    - genetic counseling
    - family planning services

3. The state health agency shall assure the provision of primary and preventive health care to adolescents through direct services or referral to other agencies/service providers.

4. The state health agency shall develop and disseminate information to the public about the extent of adolescent sexual

activity, pregnancy, and parenthood to educate the public about the issue. The information shall be collected and reported in a manner which protects the confidentiality of the client.

5. The state health agency shall have the responsibility to inform the general public about adolescent development and behavior with special emphasis directed toward parents.

COORDINATION:

6. The state health agency shall help to create and/or maintain a permanent interagency committee of state-level policymakers whose function will be to:

   - assess the nature of the problems associated with adolescent sexuality/pregnancy/parenthood in the state;

   - develop policy agreements pertaining to the provision of multidisciplinary services to young women and men at risk of early pregnancy/parenthood, pregnant adolescents, their partners, and adolescent parents and their families which describe a course of action to be facilitated by all responsible agencies; and,

   - seek funding to implement that course of action.

   Local health departments shall help to create and/or maintain a similar interagency committee at the local level.

7. The state health agency is encouraged to establish agreements with those agencies responsible for social services and education and with other agencies engaged in youth related services such as: vocational training, labor, transportation, parks and recreation, mental health, juvenile justice, substance abuse, housing, etc. in order to provide coordinated, comprehensive services to the target population.

STAFF:

8. The state health agency shall designate staff whose primary responsibility is to promote policies and develop and coordinate services for the target population. Where local health departments exist, local staff will include a counterpart to the state-level staff assigned responsibility for this area.

9. The state health agency shall select staff on the basis of their expertise as well as their interest in and concern for the target population; and the agency shall provide an on-going staff development program. Health-related technical assistance will be offered to other providers of services to adolescents such as schools, social workers, etc.

RIGHTS:

10. The state health agency shall ensure the provision of care regardless of the sex, race, residence (specific consideration for geographic area), age, ability to pay, or handicapping condition.

DATA COLLECTION, DISSEMINATION AND EVALUATION:

11. The state health agency shall involve lay citizens, including pregnant adolescents and/or adolescent parents, in the policy-making process and in the development of programs designed to meet the special needs of this population.

12. The state health agency shall set standards for the provision of health care services which meet the special needs of adolescents and shall establish a protocol for the delivery of those services.

13. Statistical and demographic information shall be collected about the target population as well as those adolescents served by the state agency. The right to privacy of these individuals shall be protected in these reports. The information shall be disseminated upon request of individuals and/or other agencies and groups.

14. The state health agency shall be committed to clinical research and evaluation of services so that a knowledge base may be expanded regarding the effectiveness of existing programs and assistance may be provided in developing new programs.

SECTION TWO -- EDUCATION

Rationale

In order for young people to be able to receive a comprehensive education to prepare them for adulthood, schools have a responsibility to provide students with the information they need to understand and appreciate the responsibilities of parenthood. In addition, schools should provide referrals for students for health and social services when these are needed. This "brokering" role on behalf of students is a necessary activity if students are to be able to benefit from classroom activities. The educational system can play an important part in preventing premature parenthood through education and by referring young people to needed health and social services.

Research has documented the adverse effects of early pregnancy/parenthood, particularly as they relate to the education and employment future of the adolescent(s) involved. Pregnancy is the most common reason young women drop out of school, and this curtailment or interruption of education results in decreased development of skills and ability to support themselves and their families. Many youngsters who return to school find it impossible to stay, often because of a lack of infant day care services. Those who struggle to adjust to the problems and changing role their situation creates receive insufficient support and understanding. As a result, the prospects for economic self-sufficiency and the acquisition of effective parenting skills are severely curtailed for adolescent parents. Repeat pregnancies, chronic unemployment, and the difficulties of caring for infants who are at high risk for developmental problems create a vicious chain of events which is difficult to interrupt.

Moore, et. al., (1979) found that for each year a young woman delays first birth, she is 20 percent less likely to be living in poverty at age 27. The authors found that curtailed education and increased family size cause young mothers to earn less, have less work experience, and hold lower paying jobs. While the impact of parenthood on adolescent fathers has not been studied in depth, they also appear to be at increased risk of disrupted schooling, lower paying jobs and unemployment.

In response to these special needs created by early pregnancy and parenthood, a variety of educational programs have evolved during the past 15 years. In the 1960's, programs in special settings were implemented for pregnant adolescents which allowed them to continue their education. These programs included prenatal care and child development training and individual counseling in addition to the standard curriculum. The emergence of these comprehensive service programs was in part a relfection of the fact that more adolescents decided to raise their infants and in part the result of policy changes in the human services arena. By the early 1970's, the advocacy movement which was established promoted access for pregnant adolescents to regular school classes augmented with appropriate health and social services. This change reflected the philosophy that in order for pregnant adolescents to have equal education opportunities, a variety of program options were necessary to accommodate their individual needs and circumstances. Currently, many states and communities provide options for young parents including from regular classes, special programs, and homebound instruction.

Federal regulations guarantee equal educational opportunity to pregnant adolescents and school-age parents through Title IX of the Education Amendments of 1972. Section 86.40 speaks specifically to equal educational opportunity for students who are pregnant, married and/or already parents. School districts receiving federal funds are required to provide access to their programs to all students as a result of Title IX.

Role of The State Education Agency (SEA)

The goal of the state education agencies is to assure the provision of quality education and equal access to educational opportuni- ties for all school-age children, regardless of their race, sex, marital status, national origin or handicapping condition. The responsibilities of the state education agency generally include the development of state education policies, regulations and/or standards governing education in the state, including such areas as: curricula, certification of professional personnel, educational settings, requirements for additional educational services, student attendance requirements, and graduation requirements. The state education agency is also responsible for administering federal and state education funds to local education agencies (LEAs), providing technical assistance to LEAs, and monitoring LEAs to assure compliance with federal and state requirements.

Recommended Role of State Education Agency:

It is critical that the State Education Agency address the comprehensive needs of young women and men at risk of early pregnancy/parenthood, pregnant adolescents, their partners, and adolescent parents and their families who are in need of services. The SEA should work with LEAs to assure that this population is provided equal educational and extracurricular opportunities. In addition, the SEA should develop special instructional programs and educational services to meet the unique needs of these young people. The SEA can play a key role in the development of state-wide program/policy efforts and can serve as a resource to LEAs in development efforts.

Proposed Policies

SERVICES:

1. The SEA shall work with LEAs to encourage the development and/or maintenance of special services to meet the unique education needs of pregnant adolescents, their partners, and adolescent parents. The SEAs shall provide technical assistance to LEAs in the development of comprehensive instructional programs and educational services for the target population.

All programs shall be provided in keeping with the concept of least restrictive environment and shall be offered to (but not required of) the target population.

2. The SEA shall establish policies to guide local education agencies (LEAs) in the establishment and/or maintenance of education and related service programs for this population.

3. The SEA shall develop and adopt a sequential, coordinated curriculum for family life and parenthood education, including sex education, which may be required of/adopted by LEAs. The program shall be appropriate to the developmental level of the students involved and shall receive regular review by appropriate groups. It shall be available to all students and shall allow parents to excuse their child(ren) from this instruction. The SEA shall require special training for all instructors of family life and parenthood education.

4. The state education agency shall disseminate information regarding existing services for adolescents at risk of early pregnancy/parenthood. The information shall be available to adolescents, parents, and the general public.

5. Local education agencies shall promote and assist in the development of parenthood education within or outside of school settings, to provide parents with information about child development and to assist them in understanding the special needs of their child(ren). Parent education programs may be offered through the elementary/secondary schools or through other community institutions such as community schools, adult education programs, parent-teacher-student associations, churches, civic groups, health clinics, social service agencies and community colleges.

6. The SEA shall encourage LEAs to provide job readiness training, career choice counseling and job placement opportunities in order to assist pregnant adolescents/adolescent parents in achieving economic self-support and personal self-sufficiency.

COORDINATION:

7. The SEA shall help to create and/or maintain a permanent interagency committee of state-level policymakers whose function will be to:

   - assess the nature of the problems associated with adolescent sexuality/pregnancy/parenthood in the state;
   - develop policy agreements pertaining to the provision of multidisciplinary services to young women and men at risk of early parenthood;

- develop a course of action to be facilitated by all responsible agencies; and,

- seek funding to carry out that course of action.

LEAs shall help create and/or maintain similar interagency committees at the local level.

8. The state education agency shall work to establish agreements with those agencies responsible for health and social services and with other agencies engaged in youth related services such as: vocational training, labor, transportation, parks and recreation, mental health, juvenile justice, substance abuse, housing, etc. in order to provide coordinated, comprehensive services to the target population.

STAFF:

9. The SEA shall designate staff at the state level whose primary responsibility is to develop, implement and maintain policies and activities to assist LEAs in meeting the needs of the target population. In addition, LEAs shall be encouraged to have a staff person with assigned responsibility for this area.

10. The SEA shall select staff who provide services to pregnant adolescents and adolescent parents on the basis of their expertise as well as their interest in and concern for the this population. The SEA shall provide inservice training programs for such personnel to enhance their skills.

RIGHTS:

11. The SEA shall require that the decision regarding whether to remain in regular school or to transfer to an alternative educational program shall be made by the affected student, with the involvement of her/his family and physician as appropriate.

12. The SEA shall require LEAs to encourage all adolescents to continue in school during pregnancy and after delivery and/or to return to school if they have withdrawn due to pregnancy/parenthood. The SEA shall review LEA practices to assure that pregnant adolescents/adolescent parents are being provided the same educational and extra-curricular opportunities as other students.

DATA COLLECTION, DISSEMINATION AND EVALUATION:

13. The state education agency shall involve lay citizens, including pregnant adolescents and/or adolescent parents, in the policymaking process and in the development of programs designed to meet the special needs of this population.

14. The SEA shall conduct research and evaluation activities regarding the provision of education and services to pregnant adolescents/adolescent parents so that a knowledge base may be expanded regarding the effectiveness of existing programs and assistance may be provided in developing new programs.

15. Statistical and demographic information shall be collected on pregnant adolescents/adolescent parents served by LEAs in the state. The information shall be diseminated upon the request of individuals and/or other agencies and groups.

SECTION THREE -- SOCIAL SERVICES

Rationale

Research has documented the adverse effects of poverty, racism, youth unemployment, poor family relationships, and inadequate human services on the healthy development of adolescents. Furstenberg's research (1976) on the results of sexual behavior leading to early parenthood has shown the negative effects associated with adolescent childbearing. His investigation largely supported the assumption that parenthood occurring in preteen and early teen years tends to deprive young mothers of necessary training, material resources and social support that might have been available had motherhood been delayed.

However, parenthood in adolescence need not irreversibly influence the life course of young women. The consequences of adolescent pregnancy can be influenced and perhaps even be reversed by social intervention. This requires a commitment on the part of society, particularly the human services community, to provide a variety of support systems to adolescents generally, and specifically to young families to help them achieve and maintain stability. These support systems should have high quality, affordable medical care including family planning services, as needed; continuing education and vocational training; availability of jobs; adequate housing; income maintenance; child care; and individual and family counseling.

Human service support programs can provide assistance to young men as well as young women. Though the experience in involving young fathers in service programs over the years has not been extensive due to the difficulty in locating them, it is possible that this difficulty results from the way in which society has characterized young fathers. Cultural norms have characterized young men who are involved in early parenthood as an irresponsible and exploitative sort likely to abandon the young women. However, the limited knowledge base about young fathers has indicated that many are interested in the child, at least initially, and are willing to provide whatever type of financial, social and psychological support they can. The implications for social service providers are that young men need to be treated with greater understanding than is generally the case.

A relatively popular prescription for the prevention of early pregnancies among adolescents is sexuality education. This approach, while it represents a central aspect of any comprehensive community program, is far too limited. Sexual involvement may be positively or negatively associated with factors such as maturity, self-esteem, ego strength, a sense of personal competence, family relationships, peer relationships and many other variables. Therefore, it is important that policymakers and professionals who are responsible for the provision of human services to adolescents ensure that the services provided offer realistic help to young women and men in the developmental tasks associated with sexual maturation. For example, many young women feel that they have very few opportunities in life. In fact, many options outside of motherhood are closed to young women because they have limited job opportunities, few marketable skills and few role models. To the extent that these limitations can be removed, other options will perhaps become more appealing and sought and motherhood may be delayed.

Role of the State Social Services Agency

The mission of child welfare and protective services which has been established in this country is to help the individual become personally self-sufficient, economically self-supporting and to prevent abuse and neglect of the individual and the family unit.

The major goal of the state social service agency is to assist families and individuals to become economically independent. The policy and service responsibilities of the state social service agency are multifaceted and complex but can be described in the context of four categorical functions:

1) Development of a state social services plan
2) Allocation of resources
3) Administration of program and provision of services
4) Monitoring program operations

The legislative base and funding mechanism for the provision of a significant share of social services to individuals in all of the states is Title XX of the Social Security Act signed into law on January 4, 1975. It replaced Titles IV-A and VI of the Social Security Act as the chief instruments for social services grants to the 50 states and the District of Columbia. The major purposes of Title XX are:

- To assist vulnerable, eligible persons to attain the best level of independent living of which they are capable;
- To increase states' freedom and flexibility in developing and administering their social services program, using federally provided funds; and
- To increase participation by the citizenry in a public planning process.

In order to receive Title XX funding, a state must develop a Comprehensive Annual Social Services Plan (CASP) which describes how the state intends to operate its social services program. States can exercise several options in the development of CASPs with respect to the categories of individuals identified specifically to receive services and the geographic areas to be targeted. To the extent that clients, advocates, and service providers in a given state are able to convince policy planners of the need for resources to be directed to young women and men at risk of early pregnancy/parenthood, pregnant adolescents and their partners and adolescent parents and their families, the state social services agency will be able to respond to the comprehensive, multidisciplinary needs of this constituency.

Recommended Role of State Social Services Agency:

In order to deal with teenage sexuality and pregnancy issues comprehensively, state social service agencies must assure that services are available to adolescents who choose to become parents as well as to those who are at risk of pregnancy/parenthood and thus would have a high probability of long-term dependency. The social services agency needs to respond to the comprehensive, multidisciplinary needs of this constituency. For example, support could be made available for individual and family counseling as well as community resource mobilization for young parents through the Title XX program if the CASP speaks to this category of individuals. If not, since staffing and financial resources of all state agencies are limited and will perhaps become even more constrained in the coming years, the ability of the state social service agency to respond to the needs of the target population will be restricted.

The provision of a comprehensive array of services by the state social service agency, including the involvement of other state agencies, is important in the amelioration of negative consequences resulting from early pregnancy/parenthood.

Proposed Policies

SERVICES:

1. The state social services agency shall assure that young women and men at risk of early pregnancy/parenthood, pregnant adolescents, their partners, and adolescent parents and their families who are in need of services have access to assistance which is necessary to achieve economic self-support, personal self-sufficiency, and/or the prevention of abuse, neglect, and exploitation of the family unit.[1]

2. The state social services agency shall develop and disseminate pertinent information regarding existing services to the target population. The information about the services shall be available to the public and shall be distributed to other state agencies.

3. The state social services agency shall give the needs of adolescent parents and their families priority within the Title XX plan especially for infant/child day care.

---

[1] The Adolescent Parenthood Project Advisory Panel has recommended that the following services be available: counseling (re: birth control, pregnancy options, marriage and family, parenthood, career and education); legal assistance; foster care and adoption; respite care; emergency shelter; protective services; financial assistance leading to self-sufficiency including information about eligibility requirements; job readiness training and job placement; health services to include hospitalization; and educational services.

COORDINATION:

4. The state social services agency shall help to create and/or maintain a permanent interagency committee at the state level whose function will be to:

   - assess the nature of the problems associated with adolescent sexuality/pregnancy/parenthood in the state;
   - develop agreements pertaining to the provision of multi-disciplinary services to young women and men at risk of early parenthood;
   - develop a course of action to be facilitated by responsible agencies; and,
   - seek funding to implement that course of action.

   The local social service agencies shall help to create and/or maintain similar interagency committees at the local level.

5. The state social services agency shall work to establish agreements with those agencies responsible for health and education and with other agencies engaged in youth related services, such as: vocational training, labor, transportation, parks and recreation, mental health, juvenile justice, substance abuse, housing, etc. in order to provide coordinated, comprehensive services to the target population.

6. The state social services agency shall enter into purchase of service agreements relevant to the provision of services to pregnant adolescents, adolescent parents and their families only with those agencies which comply with provider requirements; have established reasonable costs for the services which they are to provide; and who can assure that the services to be provided are delivered by competent staff.

STAFF:

7. The state social services agency shall designate staff whose primary responsibility is to develop, implement, and maintain policies and coordinate services and activities to meet the needs of the target population. In those jurisdictions where there are local social service departments, local staff will include a counterpart to the state-level staff assigned responsibility for this area.

8. The state social services agency shall select staff on the basis of their expertise as well as their interest in and concern for the target population(s); and, shall provide an ongoing staff development program.

RIGHTS:

9. The state social services agency shall assure access to those services needed by the clients(s) exclusive of discrimination on the basis of sex, race, residence, age, or handicapping condition.

DATA COLLECTION, DISSEMINATION AND EVALUATION:

10. If necessary, the state social services agency shall prioritize services provided to the target population on criteria such as the following: persons who are residing in communities with low service levels and/or communities having the highest rates of adolescent pregnancy; persons from families with low income and/or support which is considered inadequate; and persons who are considered to be especially high risk, e.g., repeat pregnancy; under 17 years of age; school drop-out; physically/ mentally handicapped.

11. The state social services agency shall engage lay citizens, including pregnant adolescents, and adolescent parents and their parents, in the policymaking process and in the development of programs designed to meet their needs.

12. Statistical and demographic information shall be collected on those adolescents served by the state agency. The information shall be disseminated upon the request of individuals and/or other agencies and groups.

13. The state social services agency shall be committed to research and evaluation activities regarding the provision of social services to this population so that a knowledge base may be expanded regarding the effectiveness of existing programs and assistance may be provided in developing new programs.

APPENDIX A

ADOLESCENT PARENTHOOD:
MODEL POLICY DEVELOPMENT AND IMPLEMENTATION
STATE POLICY SURVEY

STATE ____________________ AGENCY/COMMITTEE ____________________ DEPT. ______________

RESPONDENT'S NAME ____________________ TITLE ____________________ PHONE ______________

1. Has your agency developed any of the following with respect to adolescent pregnancy and/or school age parents:

	State Statutes	Attorney General Opinions	State Agency Policies	Agency Rules and Regulations	State Agency Resolutions	Action Statements (Position Papers)	Program Plans
YES							
NO							
IS BEING CONSIDERED							
RECENTLY REJECTED							

2. If any "YES" responses, PLEASE ATTACH a copy of the statement(s).

3. Does your agency formally collaborate with other state agencies on any specific issues relative to the needs of pregnant adolescents, school age parents and/or their children? _____YES _____NO

4. If "YES" for #3, briefly describe the specific activities on which you are collaborating, the other agency(s) involved, and other persons to contact for information. (For additional space, please use back of this sheet.)

ACTIVITIES	OTHER AGENCIES	CONTACT
____________________	____________________	____________________
____________________	____________________	____________________

5. Have any policy statements or documents been developed as a part of this collaborative effort? ______YES--PLEASE ATTACH _____NO

If these documents are not available from you, please give the name, agency, and phone number of the person to contact:

NAME ____________________ AGENCY ____________________ PHONE ______________

NOTE: In addition to this page, please complete and return the appropriate color coded page(s) for your agency.

Return completed survey on or before February 9, 1979 to: National Association of State Boards of Education, 444 North Capitol St., N.W., Room 526, Washington, D.C. 20001, Attn: Dr. Sharon Alexander. (Addressed envelope is enclosed.)

To be completed by LEGISLATIVE SOURCE ONLY STATE______________________

6. Please check all circumstances by which an adolescent can become an emancipated minor in your state. In the columns for "Females" and "Males" please indicate the youngest age at which each circumstance applies.

Circumstance	Females	Males
______Parenthood	______	______
______Marriage	______	______
______Financial independence	______	______
______Runaway	______	______
______Court order	______	______
______Other:________________________	______	______

7. What is the youngest age a person can legally receive the following information or or services without parental consent in your state?

	AGE		AGE
contraceptive information	____	abortion information	_____
contraceptive services	____	abortion services	_____

8. Are there any state categorical funds specifically for services to pregnant adolescents/school age parents?

______YES--person responsible for administering:______________________PHONE________

______NO

9. If your response to #8 was "YES," please complete the following:

State Funding Level	Source of Funds	Services Funded
$________________	________________________	________________________

10. Please give the name, authorization and appropriation levels of existing state legislation for pregnant adolescents/school age parents and their children and specify what agency administers the program(s).

Name	Authorization	Appropriation	Agency
____________________	$__________	$__________	____________________
____________________	$__________	$__________	____________________

11. Please list any pending legislation relative to pregnant adolescents/school age parents and their children by Senate or House/Assembly bill number and name.

Bill Number	Bill Name
______________	____
______________	____

12. Have there been any court rulings/judicial actions concerning pregnant adolescents/school age parents and their children decided in your state in the past 2 years?

______YES--PLEASE ATTACH RULINGS ______NO

13. Is there a state level Advisory Committee which deals exclusively with pregnant adolescents/school age parent concerns? ______YES ______NO

If "YES," when was committee formed? ______ Who convenes?____________________

To be completed by HEALTH AND SOCIAL
SERVICE AGENCIES ONLY

STATE ______________________________
AGENCY ______________________________
DEPT. ______________________________

6. PLEASE ATTACH the state Medicaid eligibility regulations for pregnant adolescents/school age parents.

7. Check (✓) below if your agency has a policy which allows the provision of INFORMATION to adolescents in the specified areas.

	FEMALES	MALES
contraception		
pregnancy testing		
abortion		
prenatal care		
adoption		
legal rights and responsibilities		

8. (a) In the column headed "Parent I or C" mark "I" if your agency has a policy requiring that the parents of an adolescent be informed in order for the adolescent to receive each listed service. Mark "C" if your agency has a policy requiring that the parents of an adolescent give consent in order for the adolescent to receive each listed service.

(b) In the column headed "Marital Status," please check (✓) all services your agency provides to adolescents without parental notification or consent if the adolescent is married.

(c) In the column headed "Funding" please indicate the amount of funds expended by your agency to provide each service to pregnant adolescents/school age parents in 1977. If the major source of funds is state, mark "S." If the major source of funds is federal, mark "F."

(d) In the column headed "Policy," please insert a check (✓) if your agency has a policy assuring the provision of each service to adolescents. When there is an age requirement imposed, please specify that age. If there is no age restriction, please write "none" in the column marked "Age."

	PARENT I or C	MARITAL STATUS	FUNDING $	FUNDING --F or S	POLICY ✓	POLICY --Age
contraception			$	--		--
pregnancy testing			$	--		--
prenatal care			$	--		--
hospitalization			$	--		--
labor and delivery			$	--		--
individual counseling			$	--		--
family counseling			$	--		--
psychological/psychiatric services			$	--		--
preparation for parenthood training			$	--		--
adoption			$	--		--

(OVER)

HEALTH AND SOCIAL SERVICES AGENCIES ONLY (continued)

	PARENT I or C	MARITAL STATUS	FUNDING $	--F or S	POLICY √	--Age
infant day care (0-24 wks)	____	____	$____	--____	____	--____
child day care (6+ months)	____	____	$____	--____	____	--____
housing	____	____	$____	--____	____	--____
transportation-- infants	____	____	$____	--____	____	--____
pregnant adolescents/ school age parents	____	____	$____	--____	____	--____
AFDC	____	____	$____	--____	____	--____
W.I.C.	____	____	$____	--____	____	--____
job training	____	____	$____	--____	____	--____
job placement	____	____	$____	--____	____	--____
legal services	____	____	$____	--____	____	--____

9. Is there a staff person within your agency whose position description includes responsibility for working on adolescent parenthood program development?

____YES--PLEASE ATTACH the position description and an organizational chart.

____NO

10. (a) If "YES" for #9, what percent of the time is devoted to this function? ______%

(b) How long has the position included this responsibility? ______________

(c) Please identify this staff person(s):

NAME____________________________TITLE______________________PHONE____________

NAME____________________________TITLE______________________PHONE____________

11. How many female adolescents between 10-18 are there in your state?______________

12. How many babies were born to adolescents ages 10-18 in your state in 1977? __________

How many pregnant adolescents/school age parents ages 10-18 received services from your agency in 1977? ______________

14. Are pregnant adolescents/school age parents or their parents involved in the state level policy making process? ______YES ______NO

If "YES," please describe:____

____

15. What other sources of funds are accessed by your agency to provide services to pregnant adolescents/school age parents (e.g., CETA, YEDPA, etc.)?

____

DEPARTMENT ____________________

To be completed by EDUCATION SOURCES ONLY

STATE ____________________

6. (a) Please place a check (✓) in the first blank for all locations where educational services are offered to pregnant adolescents/school age parents.
   (b) In the second blank, please mark "P" in any of these settings that are preferred OR "R" in any that have been rejected by the state education agency (SEA).
   (c) In the third blank, please give the approximate number of pregnant adolescents/school age parents served in each of these settings in the 1977-78 school year.

✓	P or R	#	
____	______	_____	regular school
____	______	_____	homebound
____	______	_____	special class
____	______	_____	special school--specify setting: ____________________
____	______	_____	other--specify: ____________________

7. Please give the total number of female dropouts (ages 10-18) in your state in the 1977-78 school year: _________. How many gave pregnancy as a reason for dropping out? __________ How many gave marriage as a reason for dropping out? __________

8. Are pregnant adolescents/school age parents subject to compulsory school attendance laws? ______YES ______NO--PLEASE ATTACH relevant school attendance laws.

9. (a) Does the state have a policy in regard to sex education in the public schools?
   ______YES--PLEASE ATTACH ______NO
   (b) If "YES," is the existing policy being revised at the present time? ____YES ___NO
   (c) If "NO," is development of a state policy being considered? _____YES ____NO

10. Does the state have a curriculum requirement that includes OR requires sex education at the levels listed below?

	Includes	Requires	Subject Area
Elementary school	________	________	____________________
Middle school/junior high	________	________	____________________
Senior high	________	________	____________________

11. Does the state specify training requirements for sex education instructors?
    ______YES--PLEASE ATTACH GUIDELINES _____NO

12. (a) Does the SEA provide any state funding to local education agencies (LEA) specifically for programs for pregnant adolescents/school age parents and their children?
    ______YES ______NO
    (b) What is the source(s) of this funding? ____________________
    (c) What are the criteria for receiving funding? ____________________

13. Does the SEA provide technical assistance to LEAs to aid them in implementing Title IX--specifically Section 86.40? _______YES ______NO
    If "YES," please describe: ____________________

14. Are pregnant adolescents/school age parents or their parents involved in the state level policy making process? _____YES _____NO
    If "YES," please describe ____________________

15. What other sources of funds are accessed by the SEA or LEAs to provide services to pregnant adolescents/school age parents (e.g. CETA, YEDPA, etc.)? ____________________

State Contact Network

Region I

Connecticut

Ms. Carol Young, Coordinator
Young Parents Program
Connecticut State Department
  of Health
79 Elm Street - 6th Floor
Hartford, CT 06115

Maine

Larry Niles
March of Dimes
1385 Congress Street
Portland, ME 04102

Massachusetts

Ms. Carol Cleven
Executive Director
Crittenton Hastings House of the
  Florence Crittenton League
10 Perthshire Road
Boston, MA 02135

New Hampshire

Ms. Catherine McDowell, Coordinator
Family Planning and Education Center
69 Willard Street
Berlin, NH 03570

Rhode Island

Edwin Gold, M.D.
Medical Director
Maternal and Infant Care Project
Women's and Infants' Hospital
50 Maude Street
Providence, RI 02906

Vermont

Ms. Suzanne Moore
Executive Director
Elizabeth Lund Home, Inc.
76 Glen Road
Burlington, VT 05401

Region II

New York

Ms. Charlotte Andress
Executive Director
Inwood House
320 E. 82nd Street
New York, NY 10028

New Jersey

Ms. Claire Millard, Coordinator
Special Aid for Girls Expecting
E. Side Park
Patterson, NJ 07504

Region III

District of Columbia

Ms. Lana Smith
Director, Parent Focus
AREI, Inc.
1101 15th Street, N.W.
Suite LL-80
Washington, DC 20005

Delaware

James Hill, Director
DAPI
14th & Market Streets
Wilmington, DE 19801

Maryland

Tucky P. Heller, Director
Maryland Office for Children
  and Youth

301 W. Preston Street
Baltimore, MD 21201

APPENDIX B

Regional Contact Network

Ms. Bettye Bolke-O'Gara
English High School
Louis Pasteur Avenue
Boston, MA 02115

Ms. Shirley Gordon, Director
Family Planning Advocates
of New York State, Inc.
284 State Street
Albany, NY 12210

Ms. Barbara Clay, Executive Director
Central Virginia Child
Development Association
117 Fourth Street, N.W., Box 424
Charlottesville, VA 22902

Ms. Seaton Bradford, Coordinator
Teenage Parent Program
c/o Lincoln Neighborhood Center
438 West Brevard Street
Tallahassee, FL 32304

Ms. Cheryl Laymon, President
Wisconsin Alliance Concerned
with School-Age Parents
606 E. Wisconsin Avenue
Milwaukee, WI 53202

Sara R. DePersio, M.D., Director
Maternity and Family Planning
Oklahoma State Department of Health
N.E. Tenth and Stonewall
Box 53551
Oklahoma City, OK 73015

Ms. Ann Sullivan
Director of Professional Services
4140 Lindell Boulevard
St. Louis, MO 63108

Ms. Kate VanDerVeere
7108 Ammons Street
Arvada, CO 80004

Mr. James P. Sullivan
Technical Assistance Director
California Alliance Concerned with
School-Age Parents
18934 Covello
Reseda, CA 91335

Ms. Nancy Johnson, Director
Home & Family Life
Office of State Superintendent
Old Capitol Bldg., FG-4
Olympia, WA 98504

State Contact Network

Region III (cont'd)

Pennsylvania

Ms. Miriam Mednick, Coordinator
Comprehensive Services for
School-Age Parents
School District of Philadelphia
21st and Parkway
Philadelphia, PA 19103

Virginia

Ms. Valerie Emerson
Executive Director
Virginia Commission for Children
and Youth
1200 State Office Building
Richmond, VA 23219

West Virginia

Ms. Deborah Mattice
March of Dimes
402 5th Street
St. Albans, WV 25177

Region IV

Alabama

William Berryman, Ed.D.
Director, Division of Instructional
Services
Alabama State Department of Education
State Office Building, Room 607
Montgomery, AL 36104

Florida

John Dewitt
c/o Florida Alliance for Responsible
Adolescent Parenting, Inc.
5375 N. 9th Avenue
Pensacola, FL 32504

Georgia

Ms. Lucile Dismukes
Executive Director
Council on Maternal and Infant
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Region IV

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